REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1966.

JERSEY

Presented to the States on 13th July 1967, by Senator G. C. Huelin, President of the Public Health Committee.

STATES OF JERSEY

BIGWOODS PRINTERS LIMITED, STATES' PRINTERS.

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STATES OF JERSEY.

13th July, 1967.

THE PRESIDENT OF THE PUBLIC HEALTH COMMITTEE presented to the Assembly the Report of the Medical Officer of Health for the year ended 31st December, 1966.

THE STATES ordered that the said Report be printed and distributed.

A. D. Le BROCQ,
Greffier of the States.

PUBLIC HEALTH COMMITTEE 1966.

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Senator Mrs. G. C. Huelin, M.B.E.

Vice-President

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Deputy Medical Officer of Health *School Medical Officer*	J. M. Joshua, M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
Chief Sanitary Inspector	R. F. Knowles, Cert.R.S.I. & S.I.B.
Deputy Chief Sanitary Inspector	R. B. Skinner, Cert.R.S.I. & S.I.B.
Sanitary Inspectors	R. Bridge, Cert.R.S.I. & S.I.B. E. G. Carter, Cert.R.S.I. & S.I.B. T. P. Beresford, Cert.R.S.I. & S.I.B. R. L. Robbins, Cert.R.S.I. & S.I.B.
Chief School Dental Officer	I. J. Campbell, B.D.S.
Dental Officers	L. G. Moseley, L.D.S., R.C.S. Mrs. R. J. Campbell, B.D.S.
Chief Clerk	L. J. Simon.
Speech Therapist	Miss A. E. Lowry, L.C.S.T., D.I.P.A.
Social Welfare Officer	Mrs. M. Gray.
Crematorium Superintendent	T. C. Hamon.
Ambulance Officer	E. Burbidge.
**Radiographer M.M.R.*	Mrs. L. Dupré.

*Part-time only.

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REPORT.

To The President and Members of the
Public Health Committee.

Madam President, Gentlemen,

It is my pleasure to present the Annual Report on the health of Jersey for the year 1966. The first Annual Report for the Island was presented in the year 1889 by the then Médecin-Inspecteur des États, Dr. P. Chappuis, which makes this present one the 78th in the series.

As in previous years this Report describes the workings of the various sections of the Public Health Department as well as those undertaken on behalf of your Committee by various voluntary organisations of the Island.

The general health of the community remained satisfactory throughout the year with no unexpected or unusual increases in the incidence of diseases or illnesses.

There are, however, some matters of interest to which I would like to draw your attention and make comment.

Vital Statistics.

The Vital Statistics of Jersey correlate closely with those of England and Wales, except for stillbirths where the Jersey figures are appreciably higher.

	England and Wales 1966	Jersey (5-year period 1962–1966)
Live Birth Rate	17.7	19.7
Stillbirth Rate	15.4	18.0
Death Rate	11.7	11.3
Infant Mortality Rate	19.0	19.6
Neo-natal Rate	12.9	13.7
Peri-natal Rate	26.3	28.7

Births.

The number of births fell again in 1966 for the third successive year.

Year	No. of Births	Birth Rate
1963	1,300	20.8
1964	1,258	19.9
1965	1,233	19.4
1966	1,181	18.4

Since the end of the war we have experienced two distinct swings in the birth rate, both occupying periods of 8 years. From 1947 to 1955 the birth rate fell year by year and from 1955 to 1963 it increased steadily. These past experiences can, I think, be taken as a guide that we may expect the birth rate to continue to fall for some years to come.

Information collected during 1966 showed that over 50% of the mothers were not Jersey born, and, furthermore, half of these, or one quarter of all mothers in 1966, had lived in Jersey for a period of under 5 years.

I am pleased again this year to record that 98% of all births took place either at the Maternity Hospital (96%) or in nursing homes (2%). Only 21 births took place at home.

ILLEGITIMATE BIRTHS.

The number of illegitimate births dropped slightly in 1966, but the rate still remains high at 9.9% of all births. Out of the 113 unmarried mothers 13 or 12% were pregnant when they arrived in Jersey; on the other hand, a few Jersey girls (3 to our knowledge) gave birth to illegitimate babies in England. Taking these into account a truer picture for Jersey would be an illegitimate rate of 8.7% of all births, which is only slightly higher than the overall rate for England and Wales in 1966, which was 7.7%

STILLBIRTHS.

Stillbirths were first made notifiable in Jersey in 1951 and since that time there has been but little change in the stillbirth rate.

Period	Stillbirth Rate (per 1,000 live and stillbirths)
1951–54	18.4
1955–58	18.4
1959–62	17.3
1963–66	16.9

It is estimated that 40% of stillbirths result from the hazards of birth and the remainder from causes during the ante-natal period. Marked advances in the treatment of conditions arising in both these periods have been made in the last 15 years and the persistence in our rather high rate is disappointing.

RADIATION HAZARDS.

For the past 6 years the States' Analyst has been on the lookout for any radiation hazards to which we may be exposed. He does this by measuring the radioactivity of the air, water and milk of this Island.

In 1966, in collaboration with scientific officers of the United Kingdom Ministry of Agriculture, Fisheries and Food, the scope of the monitoring was extended to include the sea. This is done by measuring the radioactivity levels in a certain type of seaweed which has proved to be sensitive to any changes in the radioactivity of sea water. The radioactivity of samples of silt are also measured at regular intervals. These measurements are carried out at the States' Laboratory in Jersey and also at the Fisheries Radiobiological Laboratory, Lowestoft, and analyses from both laboratories showed good agreement in their results. The levels of radioactivity in all samples remained low throughout the year.

LEGISLATION.

The Food and Drugs (Jersey) Bill was passed by the States in June 1966 and it is expected to become law early in 1967. Much effort was devoted in the latter half of the year to the preparation of subsidiary legislation empowered by that Bill.

Various Orders making amendments to the Dangerous Drugs (Jersey) Law, 1954; Drugs (Prevention of Misuse) (Jersey) Law, 1964; Pharmacy, Poisons and Medicines (Jersey) Law, 1952 and the Poisons Lists were passed by the States during the year.

FOOD HYGIENE.

The Food Hygiene Officer to the Ministry of Health spent some time in Jersey advising us on matters concerning food hygiene and particularly those relating to the subsidiary legislation which will be necessary to implement the Food and Drugs (Jersey) Law, 1966. A number of meetings were held between the officers of the Health Department and the various Committees representing the " food trades " of Jersey to discuss the proposed Food Hygiene Regulations.

I would like to thank all those members of the various Committees of the " food trades " for the help and co-operation they have afforded my Health Officers and myself during these meetings. The cordiality and understanding shown at these meetings strengthen our opinion that in this small Island the personal " round a table " approach is the one most likely to succeed and that impersonal bureaucracy should, if at all possible, be avoided.

THE LETHAL DISEASES.

THE CANCERS.

There has been little variation in the number of deaths from cancer each year. In 1951, 20% of all deaths were from cancer—exactly the same percentage as in 1966. In the intervening years there has never been more than a 4% deviation from this figure.

The most lethal form of cancer was again cancer of the lung, but I am pleased to record that there were 16 fewer deaths from this disease in 1966 than in 1965. Much of this improvement is, I fear, due to chance variation and not to any epidemiological turn for the better. The general trend of incidence of lung cancer, based on either a three or five year average, is still upward. Male lung cancer deaths accounted for nearly half (45%) of all male cancer deaths.

Cancer of the breast, again in 1966, proved to be the most common cause of death from cancer in women, when it accounted for 22% of all female deaths from cancer. Further to this unhappy picture, 50% of all women who died from breast cancer were still only in middle age.

HEART DISEASE.

Ischaemic heart disease (coronary thrombosis) was the biggest single killer disease in 1966 with a total of 141 deaths. It accounted for one in every four of male deaths and one in every eight of female deaths.

It is estimated by recent epidemiological studies that 20% of all men in middle age can expect to suffer from coronary thrombosis—some mild, some severe. A number of inter-related factors are believed to play a part in the causation of this disease, but the two which, in our present knowledge, offer the best chance of prevention are those concerned with our present mode of life—cigarette smoking and sedentary habits. Less smoking and more regular exercise would undoubtedly reduce the number of cases of this disease.

SMOKING.

The direct association between cigarette smoking and lung cancer should, by this time, be too well known on this Island for any but the most ignorant or perverse to have doubts that heavy cigarette consumption increases the risk of cancer of the lung and other diseases. It is one of the duties of the Medical Officer of Health, through the Public Health Committee, to keep the members of the public informed of all health hazards to which they may be exposed, and so, even at the risk of being accused of using this Annual Report as a propaganda medium, I again repeat the old warning that cigarette smoking is the most important cause of lung cancer ; it is also an important factor in the causation of chronic bronchitis and coronary thrombosis.

SCHOOL MEDICAL SERVICE.

The health of the schoolchildren of Jersey is probably better than ever before, but there is still room for improvement in some fields, notably in dental health and in obesity.

The persistence in the high rate of dental caries is due to the regular consumption of sugary sweets and the like. Efforts to change the traditional "tuck-shop" diet beloved of the school child are not likely to be successful in these affluent days of liberal pocket money. Fluoridation of the public water supply offers the best and easiest chance of success and if this measure is adopted a reduction of 60% in the dental caries of children can be confidently expected.

The school doctor has, over the past years, reported a growing number of overweight children in the schools. This problem, like that of dental caries, is associated with the affluence which allows children to eat persistently between meals. In his report for 1966 the school doctor questions whether the time has not yet come to take another look at the present custom whereby every school child, whether he or she needs it or not, is given one-third of a pint of milk each day.

Another rather disquieting feature which is creeping into school medical work is the large increase in the number of refusals by parents to allow their 13-year old children to receive, where necessary, B.C.G. vaccination, which will protect them against tuberculosis. In 1965, when the testing of 13-year olds was first started, 11% of parents refused, but in 1966 this had risen to 17%. Refusals by parents of the various immunisations offered to the younger child at school entry are very few and it is obvious that the parents themselves favour these measures. The change of attitude when the child is 13 makes one suspect that in many cases at this age the child is old enough to sway the parental decision and to encourage refusal.

TUBERCULOSIS.

The local incidence of tuberculosis in 1966 was 31.75 per 100,000 population, which is slightly higher than the all-time low incidence of the previous year, 1965. This must not be taken to mean that tuberculosis is again on the increase in Jersey and the most likely explanation is that the increase is a chance statistical fluctuation which can be expected in any community providing such a small numerical sample. When we increase the sample by taking 4-year averages we find that the incidence of tuberculosis in this Island is still declining.

Nevertheless, we should not let this happy picture obscure the fact that we still have living amongst us in Jersey a number of persons, usually over the age of 40, who suffer from active tuberculosis and who are capable of disseminating the disease, by infecting other members of the community by such unthinking actions as unguarded coughing and indiscriminate spitting. The latter habit is still all too common and one sees every day persons deliberately spitting in the streets and other public places.

There is little hope that tuberculosis can be completely eradicated from this Island until this dangerous pool of infection is eliminated either through the natural process of the infected persons dying off or, preferably, by the public health action of finding the infected persons and treating them in order to render them non-infectious.

CERVICAL CYTOLOGY.

During the year plans were finalised to open, early in 1967, a bi-weekly Cervical Cytology Clinic at the Maternity Hospital, where tests can be carried out to detect pre-cancerous conditions of the neck of the womb. The early publicity given to this has already resulted in over 600 applications for the test.

HOUSING.

The Chief Sanitary Inspector, in his section of this Report, draws attention again to the many sub-standard houses which still exist in Jersey. Good housing is essential to the mental and physical well-being of the community and it is good to know that nobody appreciates this more than those States' Committees concerned with housing, who are to be congratulated for the energy and imagination they have applied to the provision of good housing in recent years. It is good to see, even in this over-crowded Island where land is at a premium, that the policy of building tall blocks of flats has been resisted. It is becoming more and more realised that life in large blocks of flats, especially for young and growing families, puts a severe strain on their mental health.

MILK.

The new Milk Marketing Board dairy, which was opened in March, provides one of the most up-to-date milk processing plants in Europe. It provides facilities for the pasteurisation (all Jersey milk is pasteurised); homogenisation (" long life " milk); butter and cheese making, and also powdered milk.

The new " Tetra-Pak " containers, which were brought in to replace the bottles, caused a certain amount of public emotion when they were first introduced. This form of packaging may not be ideal, but from the hygiene point of view it is far superior to the old bottles system.

We are, in this Island at the present time, in the happy position of being able to obtain the best milk in the world in as safe and hygienic a condition as modern technology allows.

ACKNOWLEDGEMENTS.

The staff of the Public Health Department have worked closely and harmoniously with their colleagues in the other States' Departments and the various voluntary organisations in the Island. To all these persons I record the thanks of the staff of this Department.

I wish to express my gratitude to my fellow officers and colleagues of the Public Health Department for their unfailing support throughout the year and among them especially my Deputy, Dr. J. M. Joshua, Mr. R. F. Knowles, Chief Sanitary Inspector, and Mr. I. Campbell, Senior School Dental Officer.

Finally, I would like to tender my most sincere thanks to you and the other members of the Public Health Committee, for the interest they have shown in public health and the courtesy with which they have received the various reports and recommendations made to them throughout the year.

W. WILLIAMS,
Medical Officer of Health.

VITAL STATISTICS.

Area (acres)	28,717
Population (estimated mid-year)	63,000
Number of persons per acre	2
Marriage rate per 1,000 estimated population	18.9
Deaths	778
Death rate per 1,000 estimated population	12.3
Comparability factor	0.89
Standardised death rate	10.9
Live births	1,158
Live birth rate per 1,000 estimated population	18.4
Illegitimate live births	115
Illegitimate live births per cent. of total live births	9.9
Stillbirths	23
Stillbirth rate per 1,000 live and stillbirths	19.5
Total live and stillbirths	1,181
Infant deaths	19
Infant mortality rate per 1,000 live births (total)	16.4
Infant mortality rate per 1,000 live births (legitimate)	14.7
Infant mortality rate per 1,000 live births (illegitimate)	17.4
Neo-natal mortality rate per 1,000 live births	13.0
Peri-natal mortality rate per 1,000 live and stillbirths	33.0
Maternal deaths	—
Maternal mortality rate per 1,000 live and stillbirths	—
Malignant disease (cancer) (all forms) mortality rate per 1,000 estimated population	2.5
Tuberculosis (all forms) mortality rate per 1,000 estimated population	0.03

THE POPULATION.

The mid-year resident population was estimated to be 63,000—30,300 males and 32,700 females.

In arriving at this estimate the 1961 census figures were used as a basis and to these were added the natural increase in the population i.e. births minus deaths.

An adjustment, also based on the 1961 census, was made to account for the approximate number of Jersey residents who might be expected to be out of the Island at the time.

TABLE I.

1966 ESTIMATED POPULATION.

	Male	Female	Total
Resident population 1961 Census	28,675	30,835	59,510
Births 1961, 1962, 1963, 1964, 1965 and 1966	3,582	3,578	7,160
	32,257	34,413	66,670
Deaths 1961, 1962, 1963, 1964, 1965 and 1966	2,453	2,274	4,727
	29,804	32,139	61,943
Estimated number of Jersey residents enumerated in the U.K. at the time of the 1961 Census	496	561	1,057
Estimated population 1966	30,300	32,700	63,000

These figures do not take into account migration because we have no method of finding out, or even estimating, the number of migrants to and from the Island each year. It might well be that the movement of population at the present time is more than we imagine, but we will have to wait until the 1971 census for the true figures to be revealed.

THE MARRIAGE RATE.

There were 595 marriages during 1966 giving a marriage rate (persons married per 1,000 estimated population) of 18.9 as against 20.0 in 1965 and 19.3 in 1964.

BIRTHS.

Live Births.

A definite downward trend in the number of births in Jersey is now apparent, the number of live births in 1966 was the lowest for five years.

There were 1,158 live births (572 males and 586 females) giving a crude birth rate of 18.4 per 1,000 estimated population as compared with 19.4 in 1965.

Of these births, 1,110 (96%) occurred in the Jersey Maternity Hospital, 27 (2%) in Nursing Homes and other Hospitals, and only 21 at home.

The placing of these births in the family are :—

TABLE II.

Position in Family	Male				Female				Total
	Full-term		Premature		Full-term		Premature		
	Leg.	Illeg.	Leg.	Illeg.	Leg.	Illeg.	Leg.	Illeg.	
1st	191	38	7	4	183	38	14	5	480
2nd	148	7	6	1	156	7	11	1	337
3rd	85	2	6	—	92	4	4	3	196
4th	45	1	2	—	33	2	—	—	83
5th–11th ...	24	1	4	—	31	1	1	—	62
Total	493	49	25	5	495	52	30	9	1,158

The above figures include babies born in Jersey to non-residents but do not include those born to Jersey residents out of the Island. Notifications have been received indicating that 14 mothers with a permanent address in Jersey were delivered on the mainland. Three of these births were known to be illegitimate.

Fourteen sets of twins were born during the year—five sets of males, five sets of females, and four sets of mixed sex. Three sets were illegitimate.

The following table gives the number of live births by age of mother :—

TABLE III.

Age Groups	Male		Female	
	Leg.	Illeg.	Leg.	Illeg.
15–19	43	16	28	16
20–24	167	19	165	30
25–29	161	10	189	11
30–34	80	6	92	3
35–39	51	1	41	1
40–44	13	2	7	—
45–49	3	—	2	—
50 and over	—	—	1	—
Totals	518	54	525	61

From the information given on the birth notification forms we are now able to find out if the mothers are natives of Jersey and the length of stay in Jersey of those who are not Jersey born.

This information in respect of live and stillbirths for 1966 is given in the following table :—

TABLE IV.

Length of residence in Jersey	Live Births				Stillbirths			
	Male		Female		Male		Female	
	Leg.	Illeg.	Leg.	Illeg.	Leg.	Illeg.	Leg.	Illeg.
Under 9 months	12	10	16	5	1	—	1	—
9 months—under 1 year ...	10	—	5	5	—	—	—	—
1 year—under 2 years ...	36	7	43	7	1	—	3	1
2 years—under 3 years ...	22	1	27	4	—	—	—	—
3 years—under 4 years ...	23	8	19	—	1	—	—	—
4 years—under 5 years ...	16	1	19	4	1	—	—	—
5 years and over...	129	3	122	7	3	—	3	—
Natives	258	24	266	27	4	1	2	—
Unknown	11	—	8	2	1	—	—	—
Visitor...	1	—	—	—	—	—	—	—
Totals	518	54	525	61	12	1	9	1

Illegitimate Births.

115 or 9.9% of the live births were illegitimate compared with 10.1% in 1965 and 9.4% in 1964. The total number of illegitimate births (live and still) was 117 or 9.9% of all births compared with 10.3% in 1965.

51 or 45% of the unmarried mothers were natives of Jersey. Of the unmarried mothers who were not Jersey born, 13 took up residence in Jersey after becoming pregnant and 5 became pregnant within 3 months of arriving in the Island. A further 33 unmarried mothers had been in Jersey under five years.

Stillbirths.

23 stillbirths were registered in Jersey during 1966, this represents a stillbirth rate of 19.5 per 1,000 (live and still) births as against 16.2 in 1965.

This rate is rather high but with our small population it is subject to wide chance variations from year to year. It has remained on a fairly steady level with no apparent upward or downward trend since 1951 when stillbirths were first made notifiable.

TABLE V.

Year	Number of Stillbirths	Rate per 1,000 Live and Stillbirths
1951	12	14.0
1952	12	13.9
1953	18	22.7
1954	12	14.1
1955	14	18.7
1956	16	19.1
1957	11	13.0
1958	22	22.8
1959	15	15.5
1960	14	13.4
1961	20	18.1
1962	27	22.3
1963	18	13.8
1964	23	18.3
1965	20	16.2
1966	23	19.5

The placing of the 1966 stillbirths in the family are :—

TABLE VI.

Position in Family	Male				Female				Total
	Full-term		Premature		Full-term		Premature		
	Leg.	Illeg.	Leg.	Illeg.	Leg.	Illeg.	Leg.	Illeg.	
1st	1	1	4	—	2	—	3	1	12
2nd	1	—	2	—	1	—	1	—	5
3rd	—	—	1	—	2	—	—	—	3
4th	1	—	—	—	—	—	—	—	1
5th–11th ...	2	—	—	—	—	—	—	—	2
Total	5	1	7	—	5	—	4	1	23

The following table gives the number of stillbirths by age of mother :—

TABLE VII.

Age Groups	Male		Female	
	Leg.	Illeg.	Leg.	Illeg.
15–19	—	—	2	—
20–24	5	—	4	1
25–29	1	1	2	—
30–34	3	—	1	—
35–39	3	—	—	—
Totals	12	1	9	1

DEATHS.

778 deaths were registered in Jersey during the year, 397 males and 381 females. This gives a crude death rate of 12.3 per 1,000 estimated population as compared with 12.8 in 1965.

The standardised death rate for 1966 was 10.9 as against 11.4 in 1965. The standardised death rate is the death rate we would have had in Jersey if our population had the same age and sex distribution as the population of England and Wales.

The percentage of total deaths occurring at ages 65 and upwards was 62.2 for males and 76.1 for females ; at ages 75 and upward 33.8 for males and 57.2 for females.

The average age at death was 66 for males and 72 for females.

The above mortality figures include deaths of visitors to the Island, but do not include Jersey residents who have died when away from Jersey.

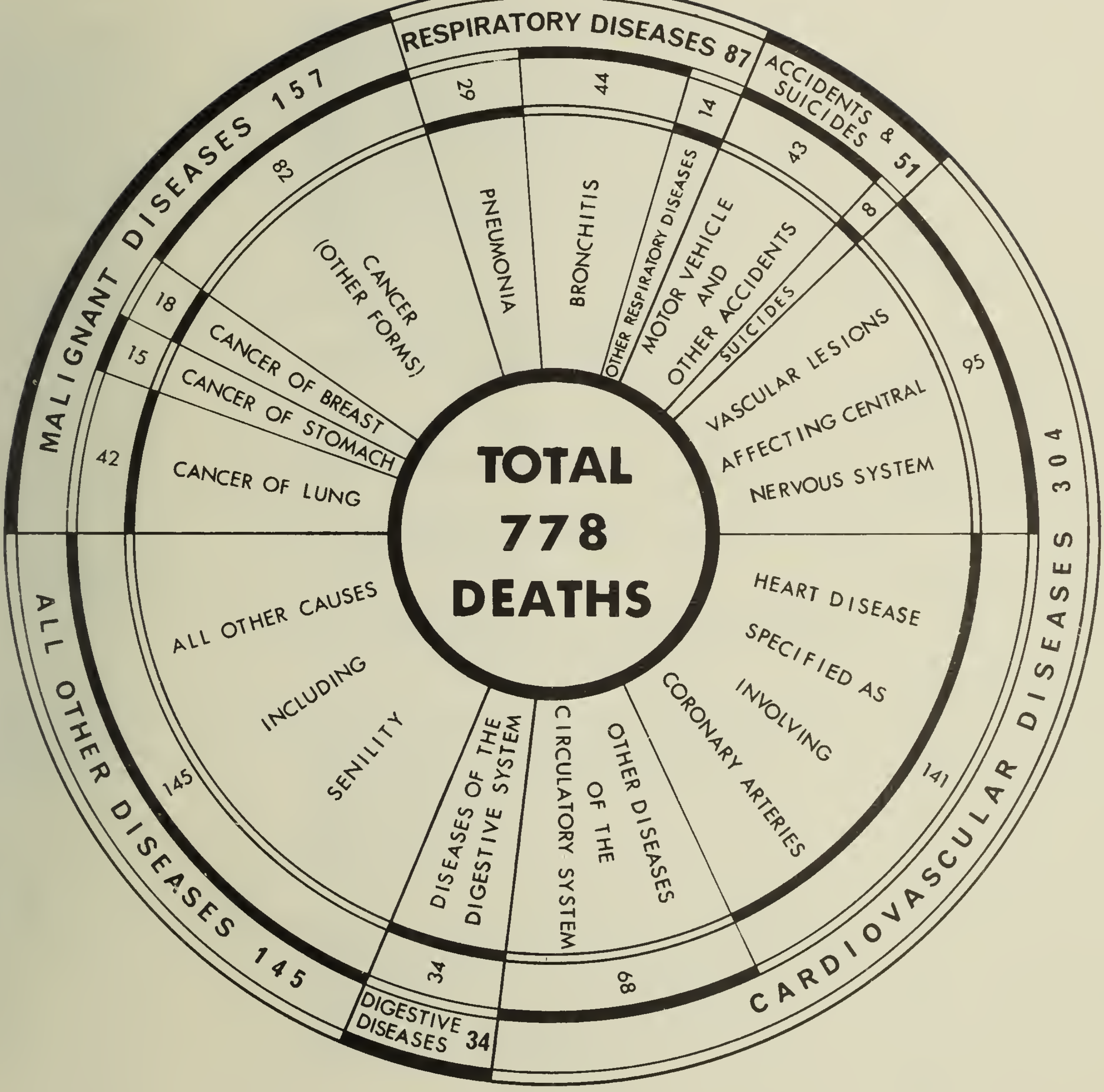
We have all details of the deaths of visitors in Jersey, but we still have to rely on newspaper reports and information received from medical practitioners for details of the deaths of Jersey residents when out of the Island.

In 1966 the figures were as follows:—

Visitors who died in Jersey	47
Jersey residents who died when away from the Island	30

The causes of death of the visitors who died in Jersey are :—

	Male	Female	Total
Septicaemia and pyaemia	1	—	1
Malignant neoplasm of buccal cavity and pharynx	1	—	1
Malignant neoplasm of trachea, bronchus and lung...	—	1	1
Malignant neoplasm of breast	—	1	1
Vascular lesions affecting central nervous system	1	2	3
Arteriosclerotic heart disease, including coronary disease	15	8	23
Chronic endocarditis not specified as rheumatic	—	1	1
Other diseases of circulatory system	4	—	4
Bronchitis, chronic and unqualified	2	—	2
Cirrhosis of liver	2	—	2
Congenital malformations of circulatory system	1	—	1
Motor vehicle accidents	1	—	1
Accidental poisoning	—	1	1
Accidental falls	1	1	2
Accidental drowning and submersion...	2	—	2
All other accidental causes	1	—	1
Totals	32	15	47


TOTAL 778 DEATHS
RESPIRATORY DISEASES 87
29
PNEUMONIA
44
BRONCHITIS
14
OTHER RESPIRATORY DISEASES
ACCIDENTS & SUICIDES 51
43
MOTOR VEHICLE AND OTHER ACCIDENTS
8
SUICIDES
CARDIOVASCULAR DISEASES 304
95
VASCULAR LESIONS AFFECTING CENTRAL NERVOUS SYSTEM
141
HEART DISEASE SPECIFIED AS INVOLVING CORONARY ARTERIES
68
OTHER DISEASES OF THE CIRCULATORY SYSTEM
DIGESTIVE DISEASES 34
34
DISEASES OF THE DIGESTIVE SYSTEM
ALL OTHER DISEASES 145
145
ALL OTHER CAUSES INCLUDING SENILITY
MALIGNANT DISEASES 157
42
CANCER OF LUNG
15
CANCER OF STOMACH
18
CANCER OF BREAST
82
CANCER (OTHER FORMS)

Deaths (exclusive of foetal deaths) cross-classified by cause, sex and age, registered during the year 1966.

MALE

CAUSE OF DEATH	All Ages (3)	Under 1 year (4)	1—4 years (5)	5—9 years (6)	10—14 years (7)	15—19 years (8)	20—24 years (9)	25—29 years (10)	30—34 years (11)	35—39 years (12)	40—44 years (13)	45—49 years (14)	50—54 years (15)	55—59 years (16)	60—64 years (17)	65—69 years (18)	70—74 years (19)	75 years and over (20)
GROUP I—INFECTIVE AND PARASITIC DISEASES																		
Tuberculosis of respiratory system	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Septicaemia and pyaemia	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—
Total	3	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	1	—
GROUP II—NEOPLASMS																		
Malignant neoplasm of buccal cavity and pharynx	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—
Malignant neoplasm of oesophagus	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Malignant neoplasm of stomach	8	—	—	—	—	—	—	—	—	—	—	1	—	2	2	1	1	1
Malignant neoplasm of intestine, except rectum	5	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	2
Malignant neoplasm of larynx	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Malignant neoplasm of trachea, bronchus and lung	33	—	—	—	—	—	—	—	—	1	—	—	4	6	7	7	5	3
Malignant neoplasm of prostate	6	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	4
Malignant neoplasm of all other and unspecified sites	13	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	4	6
Leukaemia and aleukaemia	2	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—
Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	2	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Total	73	—	—	—	—	—	—	—	—	1	—	2	6	10	14	10	13	17
GROUP III—ALLERGIC, ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES																		
Allergic disorders; all other endocrine and metabolic diseases	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Total	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
GROUP IV—DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS																		
Anaemias	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Total	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
GROUP V—MENTAL, PSYCHONEUROTIC AND PERSONALITY DISORDERS																		
Psychoneuroses and disorders of personality	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Total	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
GROUP VI—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS																		
Vascular lesions affecting central nervous system	39	—	—	—	—	—	—	—	—	—	—	—	1	3	4	7	7	17
Multiple sclerosis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
All other diseases of the nervous system and sense organs	2	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—
Total	42	—	—	—	—	1	—	—	—	—	—	—	1	3	5	7	8	17
GROUP VII—DISEASES OF THE CIRCULATORY SYSTEM																		
Arteriosclerotic heart disease, including coronary disease	95	—	—	—	—	—	—	—	1	—	2	2	4	11	16	22	13	24
Chronic endocarditis not specified as rheumatic	4	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	1
Other myocardial degeneration	4	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	3
Other diseases of heart	9	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	1	5
Hypertensive heart disease	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2
Other hypertensive disease	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
Diseases of arteries	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Other diseases of circulatory system	8	—	—	—	—	—	—	—	—	—	—	1	1	1	2	1	—	2
Total	129	—	—	—	—	—	—	—	1	—	2	3	6	12	22	28	16	39
GROUP VIII—DISEASES OF THE RESPIRATORY SYSTEM																		
Influenza	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Lobar pneumonia	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Bronchopneumonia	10	1	—	—	—	—	—	—	—	—	—	—	—	—	2	3	—	4
Primary atypical, other, and unspecified pneumonia	4	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1
Bronchitis, chronic and unqualified	33	—	—	—	—	—	—	—	—	—	—	—	1	3	4	9	7	9
Other diseases of respiratory system	4	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	1
Total	56	1	—	—	—	—	—	—	—	—	—	—	2	3	8	15	9	18
GROUP IX—DISEASES OF THE DIGESTIVE SYSTEM																		
Ulcer of stomach	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
Ulcer of duodenum	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Intestinal obstruction and hernia	5	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	4
Cirrhosis of liver	4	—	—	—	—	—	—	—	1	—	—	—	—	2	—	—	—	1
Other diseases of digestive system	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Total	14	—	—	—	—	—	—	—	1	—	—	—	—	3	—	1	2	7
GROUP X—DISEASES OF THE GENITO-URINARY SYSTEM																		
Chronic, other, and unspecified nephritis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Hyperplasia of prostate	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Other diseases of genito-urinary system	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Total	3	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
GROUP XIV—CONGENITAL MALFORMATIONS																		
Congenital malformations of circulatory system	5	1	1	—	—	—	—	—	—	1	1	—	—	—	—	1	—	—
All other congenital malformations	4	2	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Total	9	3	2	—	—	—	—	—	—	1	1	—	1	—	—	1	—	—
GROUP XV—CERTAIN DISEASES OF EARLY INFANCY																		
Post-natal asphyxia and atelectasis	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All other defined diseases of early infancy	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ill-defined diseases peculiar to early infancy, and immaturity unqualified	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP XVI—SYMPTOMS, SENILITY AND ILL-DEFINED CONDITIONS																		
Senility without mention of psychosis	26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	26
Total	26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	26
GROUP XVII—ACCIDENTS, POISONINGS AND VIOLENCE																		
Motor vehicle accidents	5	—	—	—	—	3	1	—	—	1	—	—	—	—	—	—	—	—
Accidental poisoning	3	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1
Accidental falls	7	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	5
Accident caused by machinery	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Accident caused by fire and explosion of combustible material	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Accidental drowning and submersion	6	—	—	—	—	1	—	—	—	1	—	—	2	2	—	—	—	—
All other accidental causes	2	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
Suicide and self-inflicted injury	8	—	—	—	1	—	—	—	—	1	1	—	1	1	1	—	—	2
Total	33	—	—	—	1	4	2	2	—	4	2	1	3	4	1	—	1	8
All causes … … … … … … … … … … … … Total	397	10	2	—	1	6	2	2	2	6	6	6	19	37	51	62	51	134

Deaths (exclusive of foetal deaths) cross-classified by cause, sex and age, registered during the year 1966.

FEMALE

CAUSE OF DEATH	All Ages (3)	Under 1 year (4)	1—4 years (5)	5—9 years (6)	10—14 years (7)	15—19 years (8)	20—24 years (9)	25—29 years (10)	30—34 years (11)	35—39 years (12)	40—44 years (13)	45—49 years (14)	50—54 years (15)	55—59 years (16)	60—64 years (17)	65—69 years (18)	70—74 years (19)	75 years and over (20)
GROUP I—INFECTIVE AND PARASITIC DISEASES																		
Tuberculosis of respiratory system	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Dysentery, all forms	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Septicaemia and pyaemia	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Total	3	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1	—	—
GROUP II—NEOPLASMS																		
Malignant neoplasm of buccal cavity and pharynx	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Malignant neoplasm of oesophagus	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Malignant neoplasm of stomach	7	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	4
Malignant neoplasm of intestine, except rectum	8	—	—	—	—	—	—	—	—	—	—	—	2	2	1	—	—	3
Malignant neoplasm of rectum	7	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	5
Malignant neoplasm of trachea, bronchus and lung	9	—	—	—	—	—	—	—	—	—	1	—	—	1	—	2	1	4
Malignant neoplasm of breast	18	—	—	—	—	—	—	—	—	—	1	—	3	3	2	2	1	6
Malignant neoplasm of cervix uteri	5	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1	—	1
Malignant neoplasm of other and unspecified parts of uterus	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Malignant neoplasm of skin	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Malignant neoplasm of all other and unspecified sites	18	—	—	—	—	1	—	—	—	—	1	—	—	1	3	3	4	5
Leukaemia and aleukaemia	3	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	4	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	—	—
Total	84	—	2	—	—	1	—	—	—	—	5	1	8	8	12	10	6	31
GROUP III—ALLERGIC, ENDOCRINE SYSTEM, METABOLIC, AND NUTRITIONAL DISEASES																		
Thyrotoxicosis with or without goitre	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Allergic disorders ; all other endocrine and metabolic diseases	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Total	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
GROUP IV—DISEASES OF THE BLOOD AND BLOOD FORMING ORGANS																		
Anaemias	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
All other diseases of blood and blood forming organs	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Total	3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
GROUP V—MENTAL, PSYCHONEUROTIC AND PERSONALITY DISORDERS																		
Psychoses	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Total	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
GROUP VI—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS																		
Vascular lesions affecting central nervous system	56	—	—	—	—	—	—	—	1	—	—	1	1	2	1	6	6	38
Total	56	—	—	—	—	—	—	—	1	—	—	1	1	2	1	6	6	38
GROUP VII—DISEASES OF THE CIRCULATORY SYSTEM																		
Rheumatic fever	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Arteriosclerotic heart disease, including coronary disease	46	—	—	—	—	—	—	—	—	—	—	—	—	2	5	5	11	23
Chronic endocarditis not specified as rheumatic	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	3
Other myocardial degeneration	5	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	3
Other diseases of heart	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4
Hypertensive heart disease	4	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	1
Other hypertensive disease	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3
Diseases of arteries	4	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2
Other diseases of circulatory system	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1
Total	77	—	—	—	—	—	—	—	—	—	—	—	—	4	7	7	18	41
GROUP VIII—DISEASES OF THE RESPIRATORY SYSTEM																		
Influenza	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3
Lobar pneumonia	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Bronchopneumonia	9	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	6
Primary atypical, other, and unspecified pneumonia	3	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	—
Acute bronchitis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Bronchitis, chronic and unqualified	10	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1	6
Other diseases of respiratory system	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Total	31	1	—	—	—	—	—	—	—	—	—	2	—	1	3	1	7	16
GROUP IX—DISEASES OF THE DIGESTIVE SYSTEM																		
Ulcer of stomach	3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Intestinal obstruction and hernia	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1
Gastro-enteritis and colitis, except diarrhoea of the newborn	3	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2
Cirrhosis of liver	5	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	2
Cholelithiasis and cholecystitis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Other diseases of digestive system	5	—	1	—	—	—	—	—	—	—	1	—	1	—	1	—	—	1
Total	20	—	1	—	—	—	—	—	—	—	1	—	2	2	2	2	2	8
GROUP X—DISEASES OF THE GENITO-URINARY SYSTEM																		
Acute nephritis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Chronic, other, and unspecified nephritis	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Other diseases of genito-urinary system	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Total	4	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	2
GROUP XIII—DISEASES OF THE BONES AND ORGANS OF MOVEMENT																		
Arthritis and spondylitis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Total	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
GROUP XIV—CONGENITAL MALFORMATIONS																		
Spina bifida and meningocele	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital malformations of circulatory system	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All other congenital malformations	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	5	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP XV—CERTAIN DISEASES OF EARLY INFANCY																		
Post-natal asphyxia and atelectasis	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ill-defined diseases peculiar to early infancy, and immaturity unqualified	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP XVI—SYMPTOMS, SENILITY AND ILL-DEFINED CONDITIONS																		
Senility without mention of psychosis	71	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	71
Total	71	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	71
GROUP XVII—ACCIDENTS, POISONINGS AND VIOLENCE																		
Motor vehicle accidents	3	—	—	—	—	—	—	—	—	2	—	—	1	—	—	—	—	—
Accidental poisoning	4	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1	—	1
Accidental falls	11	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	8
Homicide and injury purposely inflicted by other persons (not in war)	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	19	—	—	—	1	—	—	1	—	2	—	—	2	1	—	1	2	9
All causes … … … … … … … … … … … … … Total	381	9	4	—	1	1	1	1	1	3	7	4	13	19	27	28	44	218

Deaths (exclusive of foetal deaths), cross-classified by cause and sex, registered during the years 1962 — 1966.

	1962			1963			1964			1965			1966		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
GROUP I — Infective and Parasitic Diseases	4	2	6	1	—	1	2	1	3	—	2	2	3	3	6
GROUP II — Neoplasms	67	60	127	89	73	162	88	72	160	97	67	164	73	84	157
GROUP III — Allergic, endocrine system, metabolic, and nutritional diseases	3	6	9	6	6	12	—	4	4	1	6	7	1	2	3
GROUP IV — Diseases of the blood and blood-forming organs	2	3	5	2	1	3	2	2	4	—	—	—	1	3	4
GROUP V — Mental, psychoneurotic, and personality disorders	—	—	—	2	—	2	—	4	4	—	2	2	1	1	2
GROUP VI — Diseases of the nervous system and sense organs	42	77	119	66	83	149	38	65	103	35	72	107	42	56	98
GROUP VII — Diseases of the circulatory system	123	96	219	123	113	236	133	95	228	122	101	223	129	77	206
GROUP VIII — Diseases of the respiratory system	46	31	77	76	57	133	47	35	82	46	21	67	56	31	87
GROUP IX — Diseases of the digestive system	10	16	26	15	9	24	18	7	25	13	13	26	14	20	34
GROUP X — Diseases of the genito-urinary system	6	4	10	9	4	13	6	3	9	8	2	10	3	4	7
GROUP XII — Diseases of the skin and cellular tissue	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
GROUP XIII — Diseases of the bones and organs of movement	—	—	—	3	1	4	—	1	1	—	1	1	—	1	1
GROUP XIV — Congenital malformations	7	3	10	1	3	4	2	5	7	3	3	6	9	5	14
GROUP XV — Certain diseases of early infancy	6	7	13	9	3	12	7	12	19	7	2	9	6	4	10
GROUP XVI — Symptoms, senility, and ill-defined conditions	14	21	35	21	35	56	17	42	59	34	64	98	26	71	97
GROUP XVII — Accidents, poisonings, and violence	33	25	58	18	19	37	28	22	50	59	22	81	33	19	52
TOTAL	363	351	714	442	407	849	388	370	758	425	378	803	397	381	778

INFANT MORTALITY.

There were 19 infant deaths (under 12 months of age) during 1966—10 males and 9 females.

This gives an infant mortality rate of 16.4 per 1,000 live births, which is the lowest ever recorded in Jersey. In 1965 the rate was 16.5.

The deaths were distributed as follows :—

Under 7 days	14
7 — 27 days	1
28 days — 3 months	3
3 months — 1 year	1

The neo-natal deaths, or deaths within the first four weeks of life, number 15 or 79% of the deaths in the first year. This is a neo-natal death rate of 13.0 per 1,000 live births compared with 9.1 in 1965. Of these deaths 6 or 40% were attributed to prematurity.

CAUSES OF DEATH OF INFANTS WITHIN THE FIRST YEAR OF LIFE.

CAUSE	AGE AT DEATH		
	Under 7 days	7 — 28 days	1 — 12 months
Prematurity	6	—	—
Congenital Defects	5	—	2
Birth Injuries	—	1	—
Infections	—	—	2
Blood Disorders	1	—	—
Atelectasis including hyaline membrane	2	—	—
Total	14	1	4

Of the 19 children who died during the first year of life 2 were illegitimate giving an illegitimate infant mortality rate of 17.4 compared with 32.5 in 1965.

PERI-NATAL MORTALITY.

The peri-natal mortality rate (stillbirth plus deaths in the first week of life per 1,000 total births) was 33.0. In 1965 it was 23.5. No definite trend is apparent.

MATERNAL MORTALITY.

There were no maternal deaths in Jersey during the year. The last maternal death was in 1959.

PRINCIPAL CAUSES OF DEATH.

The Cancers.

General.

157 people died from cancer in Jersey in 1966 (73 males and 84 females). This gives a rate of 249 per 100,000 population as compared with the rate of 258 in 1965.

The average age at death from cancer was 67 for males and 65 for females.

Analysis of all deaths from malignant tumours registered in Jersey in 1966 :—

	Male	Female	Total
Buccal cavity and pharynx	2	1	3
Oesophagus	1	1	2
Stomach	8	7	15
Intestine, except rectum	5	8	13
Rectum	—	7	7
Larynx	1	—	1
Trachea, bronchus and lung	33	9	42
Breast	—	18	18
Cervix uteri	—	5	5
Other and unspecified parts of uterus	—	1	1
Prostate	6	—	6
Skin	—	2	2
All other and unspecified sites	13	18	31
Leukaemia and aleukaemia	2	3	5
Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	2	4	6
Totals	73	84	157

Cancer deaths accounted for 20% of all deaths.

The Cancer Registration Scheme which started at the end of 1962 is still going well.

Cancer of the Lung.

33 males and 9 females died from cancer of the lung in Jersey in 1966. These figures are slightly lower than the 1965 figures, but still accounted for 26.8% of all deaths from cancer and 5.3% of the total deaths.

The average age of death was 63 for males and 69 for females.

Cancer of the lung was responsible for 45% of all male cancer deaths and 11% of all female cancer deaths.

The above figures of deaths from malignant tumours are those registered in Jersey during 1966. They include deaths occurring in visitors, but do not include Jersey residents who died out of the Island.

We know that 2 male Jersey residents died on the mainland from lung cancer and that of the 9 female deaths in Jersey one was a non-resident. The true position is that 43 Jersey residents (35 males and 8 females) died of lung cancer in 1966.

Cancer of the Breast.

This was again the most common form of fatal cancer in women with 18 deaths during the year.

The average age at death was 66 and the youngest was 43. 50% were under the age of 65.

Cancer of the breast was responsible for 21% of all female cancer deaths.

The following table shows in age groups the number of deaths from cancer of the breast in 3-year periods since 1949. The incidence of the condition remains basically unchanged over the 18-year period.

Period	Under 45	45—65	Over 65	Total
1949—51	3	11	22	36
1952—54	5	20	27	52
1955—57	4	12	14	30
1958—60	3	19	22	44
1961—63	1	11	16	28
1964—66	3	25	24	52
Totals	19	98	125	242

Cancer of the Womb.

Cancer of the cervix resulted in 5 deaths and cancer of the body of the uterus in one death.

The average age at death was 59 and the youngest was 40.

CORONARY THROMBOSIS.

141 people (95 males and 46 females) died from coronary thrombosis in 1966—18% of all deaths. 24% (1 in 4) of all male deaths and 12% (1 in 8) of all female deaths were due to coronary heart disease.

In 1966, 119 men and 70 women died in the age group 40 to 64 and of these 35 males (1 in 3) and 7 females (1 in 10) were due to this condition.

The following tables show the increasing incidence of coronary thrombosis as a cause of death especially in middle aged males.

TOTAL DEATHS FROM CORONARY THROMBOSIS.

Year	Total Deaths			Coronary Disease					
				No.			%		
	M	F	T	M	F	T	M	F	T
1951	359	327	686	47	24	71	13.1	7.3	10.3
1952	341	326	667	32	30	62	9.4	9.2	9.3
1953	381	345	726	57	26	83	15.0	7.5	11.4
1954	377	358	735	56	22	78	14.9	6.1	10.6
1955	353	367	720	42	23	65	11.9	6.3	9.0
1956	392	347	739	55	28	83	14.0	8.1	11.2
1957	397	357	754	55	28	83	13.9	7.8	11.0
1958	382	390	772	61	45	106	16.0	11.5	13.6
1959	392	339	731	78	31	109	19.9	9.1	14.9
1960	397	393	790	67	47	114	16.9	12.0	14.4
1961	437	388	825	73	33	106	16.7	8.5	12.8
1962	363	351	714	66	37	103	18.2	10.5	14.4
1963	442	407	849	74	38	112	16.7	9.3	13.2
1964	388	370	758	94	44	138	24.2	11.9	18.2
1965	425	378	803	88	60	148	20.7	15.9	18.4
1966	397	381	778	95	46	141	23.9	12.1	18.1

Middle age Deaths from Coronary Thrombosis.

40 — 64 years

Year	Total Deaths in age group 40 — 64			Deaths from Coronary Disease in age groups 40 — 64						3-year averages
				No.			%			
	M	F	T	M	F	T	M	F	T	Male
1951	97	56	153	24	8	32	24.7	14.3	20.9	
1952	92	58	150	9	2	11	9.8	3.4	7.3	16.8
1953	110	54	164	24	7	31	21.8	13.0	18.9	
1954	102	65	167	18	3	21	17.6	4.6	12.6	
1955	95	61	156	20	2	22	21.1	3.3	14.1	19.7
1956	107	65	172	19	5	24	17.8	7.7	14.0	
1957	102	62	164	21	2	23	20.6	3.2	14.0	
1958	109	75	186	25	10	35	22.9	13.3	18.8	25.4
1959	113	78	191	35	6	41	31.0	7.7	21.5	
1960	132	72	204	30	6	36	22.7	8.3	17.6	
1961	120	59	179	29	3	32	24.2	5.1	17.9	28.5
1962	101	66	167	37	11	48	36.6	16.7	28.7	
1963	134	75	209	35	8	43	26.1	10.7	20.6	
1964	127	69	196	45	6	51	35.4	8.7	26.0	31.9
1965	127	74	201	39	9	48	30.7	12.2	23.9	
1966	119	70	189	35	7	42	29.4	10.0	22.2	

Accidents.

Motor Vehicle Accidents.

8 persons (5 males and 3 females) died following motor vehicle accidents in 1966, as against 17 in 1965.

The average age was 22 for males and 43 for females—the youngest was 16 and the oldest 51. One was a non-resident.

All Other Accidents.

35 persons (20 males and 15 females) were killed by accidents (motor vehicle accidents excepted) in 1966.

The types of accidents were :—

Falls	18
Drowning	6
Coal gas poisoning	5
Barbiturate poisoning	1
Respiratory depression due to a combination of alcohol and barbiturates	1
Carbon monoxide poisoning from fumes emanating from outbreak of fire	1
Inhalation of vomit	1
Machinery	1
Therapeutic misadventure in transfusion	1

The average age of these violent deaths was 54 for males and 73 for females—the youngest was 17 and the oldest 92 years of age.

Of the 35 persons who died during the year 6 were non-residents.

SUICIDES.

There were 8 suicides during the year—all males.

The forms of suicide were :—

Coal gas poisoning	4
Barbiturate poisoning	1
Hanging	2
Incision to wrist	1

The average age was 53—the youngest was 14 and the oldest 81.

The number of suicides in 1966 is the same as last year which was the lowest recorded since 1953. The approximate average for the past 15 years is 12. For the first time since 1944 there were no female suicides.

TUBERCULOSIS.

A total of 29 cases of pulmonary tuberculosis were notified in 1966, but of these only 20 (14 males and 6 females) were indigenous cases. The remaining 9, including 5 aliens, had been in Jersey for a short period only and were judged not to have been infected in Jersey but to have been suffering from tuberculosis when they arrived.

The incidence rate for Jersey in 1966 was, therefore, 31.75 per 100,000 of the population. In 1965 the rate was 20.8, the lowest ever recorded in Jersey.

One case, a male of 21, had received B.C.G. in 1951.

The following table gives the Jersey figures since 1950 with their distribution as regards age and sex.

Year	Age Groups.																Total		No. Sputum Positive		% Sputum Positive Male and Female Combined
	0–14		15–24		25–34		35–44		45–54		55–64		65–74		75 +						
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1950	11	9	11	15	8	9	10	2	3	6	3	1	1	1	—	—	47	43	22	13	39%
1951	7	3	15	11	7	4	7	5	6	6	4	2	3	—	1	—	50	31	25	13	47%
1952	2	2	8	9	12	11	10	3	8	2	4	6	2	2	—	—	46	35	32	21	65%
1953	3	4	11	13	5	2	9	2	7	1	2	2	3	1	—	1	40	26	17	18	53%
1954	1	1	9	6	4	2	8	2	6	6	5	1	—	1	—	—	33	19	17	12	56%
1955	1	2	6	7	6	10	6	1	2	2	6	1	—	—	—	—	27	23	17	10	54%
1956	—	—	11	13	9	7	6	3	5	2	2	1	1	—	1	—	35	26	19	5	39%
1957	—	—	5	6	5	7	6	3	2	2	7	1	4	—	—	—	29	19	17	4	44%
1958	—	1	3	9	8	4	9	5	6	5	6	2	6	—	1	1	39	27	24	9	50%
1959	1	—	4	1	5	4	5	5	4	6	4	4	2	1	—	—	25	21	11	9	43%
1960	2	1	2	4	5	3	9	4	7	3	6	—	3	2	—	—	34	17	14	5	37%
1961	2	—	2	4	2	1	6	3	4	3	4	2	2	1	—	—	22	14	8	3	31%
1962	1	1	—	1	2	—	3	4	5	1	4	2	—	—	—	—	15	9	8	3	46%
1963	—	—	1	—	3	1	3	1	1	1	4	—	1	—	1	—	14	3	8	1	53%
1964	—	1	2	1	3	2	2	3	4	—	4	—	1	—	—	—	16	7	10	4	61%
1965	—	—	—	—	2	—	1	3	2	1	3	—	—	—	1	—	9	4	4	2	46%
1966	—	—	2	1	3	2	—	1	2	—	6	2	—	—	1	—	14	6	10	1	55%

Yearly figures in a small population are liable to fluctuation and the position is more accurately shown in the following table by taking averages over a number of years.

Yearly Average based on 4 years	Age Groups.						Total		No. Sputum Positive		% Sputum Positive Male and Female Combined
	Under 25		25–44		45 and over						
	M	F	M	F	M	F	M	F	M	F	
1951–54	14	12	16	8	13	8	43	28	23	16	55%
1955–58	7	10	14	10	12	4	33	24	19	7	47%
1959–62	4	3	9	6	11	6	24	15	10	7	39%
1963–66	1	1	4	3	8	1	13	5	8	2	55%

Of the 20 cases, 9 (4 males and 5 females) were classified as " early " or " minimal " falling into categories A1 and A2, and the average age was 50 for males and 43 for females. Of the other cases, 6 (5 males and 1 female) were classified as " advanced " or " very advanced " (categories B2 and B3), and the average age was 53 for males and the one female was 56 years of age.

SEVERITY OF CASES, 1966.

Description	Category	Males	Females	Total
Early or minimal	A1 A2	4	5	9
Moderate	A3 B1	5	—	5
Advanced	B2 B3	5	1	6
All types		14	6	20

A total of 11 cases were known to have a positive sputum (i.e. containing the germ of tuberculosis) at, or soon after, the time of diagnosis. This gives us an incidence of sputum positive cases of 55% for 1966 compared with 46% in 1965 and an average annual incidence for the past four years (1963–66) of 55% as against 39% for the four years 1959–62.

Two deaths from pulmonary tuberculosis were recorded in 1966. One was a woman of 42 years of age who was first diagnosed in 1960. She was at that time classified as an advanced case but refused treatment. The other was a man of 57 years of age who was first diagnosed during the year and classified as an advanced case. He failed to respond to treatment and died after six weeks. The diagnosis was confirmed by post-mortem examination.

Three cases (2 males and 1 female) of non-pulmonary tuberculosis were notified in 1966. This gives an incidence rate of 4.8 per 100,000 of the population.

OVERDALE HOSPITAL—REPORT OF Dr. R. E. GRUCHY.

The declining incidence of tuberculosis allowed a greater use of chest diseases beds for diagnosis and treatment of cases of lung cancer, chronic bronchitis and other chest diseases, continuing a trend of previous years. All beds at Overdale could readily be used for convalescents and geriatrics; even when the new Geriatric Unit is opened, the use of available beds at Overdale will need to be integrated closely with demand for beds at the General Hospital, subject always to the overriding necessity for cases of infectious disease, including tuberculosis, to be admitted to Overdale without delay.

The Chest Clinic.

Attendances were as follows :—

	1965	1966
Old patients	1,152	1,146
New patients	257	275
	1,409	1,421

It is becoming increasingly difficult to dictate letters concerning these patients at the Public Health Department, on the other side of the town, within office hours. Tape recorders are provided for this purpose at the General Hospital, but the secretarial staff there are fully occupied and cannot readily undertake extra work. Provision of such equipment at Pier Road would avoid the delays which have resulted in communicating with private doctors, but this has not so far been possible.

MASS MINIATURE RADIOGRAPHY.

14,351 individuals attended the M.M.R. Centre at 100, Halkett Place, St. Helier, for an X-ray of the chest in 1966. 370 attended on more than one occasion and a total of 14,721 films were taken, processed and read.

8,543 (58%) were self-applicants, 457 (5%) attending for the first time; 1,827 (12%) were referred by their own doctors for examination; 3,208 (22%) were aliens, and thus required by law to be X-rayed, and the remaining 1,143 (8%) were made up of hospital staff, contacts of tuberculous cases, and those found by skin tests to be tuberculin positive.

In all, 14 cases of pulmonary tuberculosis, 12 cases of cancer of the lung, 36 cases with a heart condition, and 113 cases with some form of other lung disease were found.

The distribution and yield per 1,000 examinations is shown in the following table :—

Group	No. of individuals X-rayed	Pul T.B.		Lung Cancer		Heart		Other Lung Diseases	
		No. of Cases	Yield per 1,000	No. of Cases	Yield per 1,000	No. of Cases	Yield per 1,000	No. of Cases	Yield per 1,000
Self-applicants	8,530	3	0.4	2	0.2	18	2.1	23	2.7
Referred by doctors ...	1,765	5	2.8	9	5.1	12	6.8	76	43.1
Aliens	3,207	5	1.6	1	0.3	3	0.9	10	3.1
Others	849	1	1.2	—	—	3	3.5	4	4.7
Total	14,351	14	1.0	12	0.8	36	2.6	113	7.9

Of the 5 aliens found to be suffering from pulmonary tuberculosis 3 were French, 1 was Spanish, and 1 was Portuguese. The case of lung cancer in the aliens was French.

The following table gives the distribution by sex and age of all the individuals who attended the M.M.R. in 1966 :—

Age Groups		Self-applicants		Doctors Cases	Contacts	Tuberculin Positives	Aliens	Hospital Staff	Totals
		New	Repeats						
Under 20	M	39	209	154	12	3	205	—	622
	F	92	354	109	21	—	61	52	689
20—29	M	83	582	207	19	—	1,101	12	2,004
	F	75	694	220	15	2	410	276	1,692
30—39	M	40	889	128	22	—	530	22	1,631
	F	36	954	122	8	—	234	109	1,463
40—49	M	27	945	126	12	—	256	19	1,385
	F	21	913	120	6	—	143	78	1,281
50—59	M	14	756	160	6	—	143	20	1,099
	F	10	710	124	17	—	80	73	1,014
60—69	M	6	417	105	5	—	30	7	570
	F	12	409	97	1	—	13	31	563
70 & over	M	1	130	38	1	—	—	—	170
	F	1	109	55	—	—	1	—	166
Un-known	M	—	—	—	—	—	—	—	—
	F	—	1	—	—	—	—	1	2
Totals	M	210	3,928	918	77	3	2,265	80	7,481
	F	247	4,144	847	68	2	942	620	6,870

The above table shows that, although the total intake of new applicants was slightly higher in females, the number of first attendances was higher in males of all age groups between 20 and 60.

The overall figures show that 611 more males attended the M.M.R. in 1966, but that these can be classed as compulsory attendances by aliens and that women attend more voluntarily than men.

The annual variations in the different categories of those coming for X-ray examination are shown in the following table :—

Category	NUMBERS X-RAYED														Pulmonary T.B.		Lung Cancer	
	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	Totals	Total Nos. of active T.B. cases found	Yield of T.B. cases per 1,000	Total Nos. of lung cancer cases found	Yield of lung cancer cases per 1,000
New Self-Applicants	2,469	1,451	1,196	1,044	1,773	1,368	2,388	745	405	544	608	455	457	14,903	49	3·3	2	0.1
Repeat Self-Applicants	—	1,979	3,114	4,236	4,606	5,599	6,874	8,147	8,310	8,208	8,163	7,959	8,086	75,281	43	0.6	28	0.4
Doctors' Cases	292	478	1,422	1,743	1,394	1,615	1,614	1,660	1,882	2,083	1,892	1,868	1,827	19,770	124	6.3	102	5.2
Contacts	348	1,102	1,507	768	416	386	286	144	198	106	226	89	180	5,756	19	3·3	—	—
Tuberculin Positives	204	217	235	188	147	132	120	95	67	67	51	31	5	1,559	1	0.6	—	—
Aliens	206	1,510	2,506	2,181	2,510	2,233	2,396	2,759	2,835	3,139	3,019	3,040	3,208	31,542	92	2.9	2	0.1
Hospital Staff	—	17	644	592	503	785	726	826	884	805	814	883	958	8,437	10	1.2	4	0.5
Total number of chest films taken ...	3,519	6,754	10,624	10,752	11,349	12,118	14,404	14,376	14,581	14,952	14,773	14,325	14,721	155,248	—	—	—	—
Cases of active Pul. T.B. found ...	19	17	51	38	50	22	38	28	16	22	12	11	14	338	338	2.2	—	—
Cases of lung cancer found...	—	1	13	13	8	14	18	13	15	11	5	15	12	138	—	—	138	0.9

MASS MINIATURE RADIOGRAPHY. Year ending 31st December, 1966.

D.N.A. S.A. F. 1 Dr. M. 2 Dr. F. 1 Alien F. 1 Total ... 5		Min. X-rays		Passed on Min. film		Recalled for Large film		Passed on Large film		Treatment Cases		Cases for Observation		Other significant abnormalities.					
														Cancer		Heart		Other Lung Disease	
		Grand Total	Repeats	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total
Self-Applicants (New)	M	210	—	198	94.29	12	5.71	8	3.81	1	.48	1	.48	—	—	—	—	2	.95
	F	247	—	241	97.57	6	2.43	3	1.22	—	—	—	—	—	—	—	—	3	1.22
Self-Applicants (Repeat)	M	3934	3934	3875	98.50	59	1.50	29	.74	1	.02	—	—	3	.08	13	.33	13	.33
	F	4152	4152	4109	98.96	43	1.04	32	.77	—	—	—	—	—	—	5	.12	5	.12
Doctors' Cases	M	949	399	842	88.72	107	11.28	36	3.79	4	.42	1	.10	6	.63	7	.74	51	5.38
	F	878	404	818	93.17	60	6.83	23	2.62	2	.23	2	.23	2	.23	5	.57	25	2.85
Contacts	M	97	55	95	97.93	2	2.07	2	2.07	—	—	—	—	—	—	—	—	—	—
	F	83	45	80	96.39	3	3.61	1	1.20	—	—	—	—	—	—	1	1.20	1	1.20
Tuberculin Positives	M	3	3	3	100.00	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	2	2	100.00	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aliens	M	2266	1307	2226	98.23	40	1.77	20	.89	3	.14	5	.22	1	.04	2	.08	9	.40
	F	942	512	914	97.03	28	2.97	21	2.23	2	.22	2	.22	—	—	1	.11	1	.11
Hospital Staff	M	104	98	103	99.04	1	.96	—	—	—	—	—	—	—	—	—	—	1	.96
	F	854	582	839	98.24	15	1.76	10	1.17	1	.12	—	—	—	—	2	.24	2	.24
TOTALS	M	7563	5796	7342	97.08	221	2.92	95	1.26	9	.12	7	.09	10	.13	22	.30	76	1.00
	F	7158	5697	7003	97.83	155	2.17	90	1.26	5	.07	4	.06	2	.03	14	.19	37	.52

14,721 films—370 more than once in year=14,351 individuals.

On two occasions during the year the 70 mm. Schonander X-ray machine was taken to St. Saviour's Hospital and a total of 201 patients were X-rayed. This figure has not been included in the aforementioned statistics.

As in previous years, enquiries were again made into the smoking habits of those who attended the M.M.R. Unit in 1966 and the trend of this sample of the population is shown in the following tables :—

SMOKING HABITS OF PERSONS WHO ATTENDED THE M.M.R.
1959—1966.

Year	% of persons who smoke cigarettes only		% of persons who smoke other forms of tobacco		% of persons who smoke	
	M	F	M	F	M	F
1959	60.0	40.5	7.5	—	67.5	40.5
1960	60.0	39.5	7.5	—	67.5	39.5
1961	58.5	40.0	8.5	—	67.0	40.0
1962	56.0	39.5	9.0	—	65.0	39.5
1963	53.5	39.0	10.0	—	63.5	39.0
1964	52.0	37.0	10.5	—	62.5	37.0
1965	50.0	36.5	11.0	—	61.0	36.5
1966	51.5	37.5	11.0	—	62.5	37.5

CHANGING SMOKING HABITS OF CIGARETTE SMOKERS.
1959—1966.

Year	Heavy (over 20) %		Medium (10—20) %		Light (under 10) %	
	M	F	M	F	M	F
1959	36.0	11.0	17.0	19.0	7.0	10.5
1960	36.5	10.5	17.5	18.0	6.0	11.0
1961	37.0	11.5	15.5	18.5	6.0	10.0
1962	35.5	11.5	15.5	18.5	5.0	9.5
1963	33.5	11.5	15.5	18.5	4.5	9.0
1964	33.0	11.0	14.5	18.0	4.5	8.0
1965	32.5	11.5	13.5	18.0	4.0	7.5
1966	32.5	11.5	14.5	18.5	4.0	7.5

The slight decrease shown in previous years in the number of persons who smoke cigarrettes has stopped and the 1966 figures show an increase of 1.5% in men and 1% in women.

The percentage of light (under 10 cigarettes per day) and heavy (over 20 cigarettes per day) smokers remains the same as in 1965, but a slight increase is shown in the percentage of both men and women medium (between 10 and 20 cigarettes per day) smokers.

These figures are rather disappointing as it was hoped that the decrease in the number of persons who smoke cigarettes might continue. However, a feeling of optimism and encouragement can be obtained from the fact that more and more young persons appear to have been discouraged from taking up smoking.

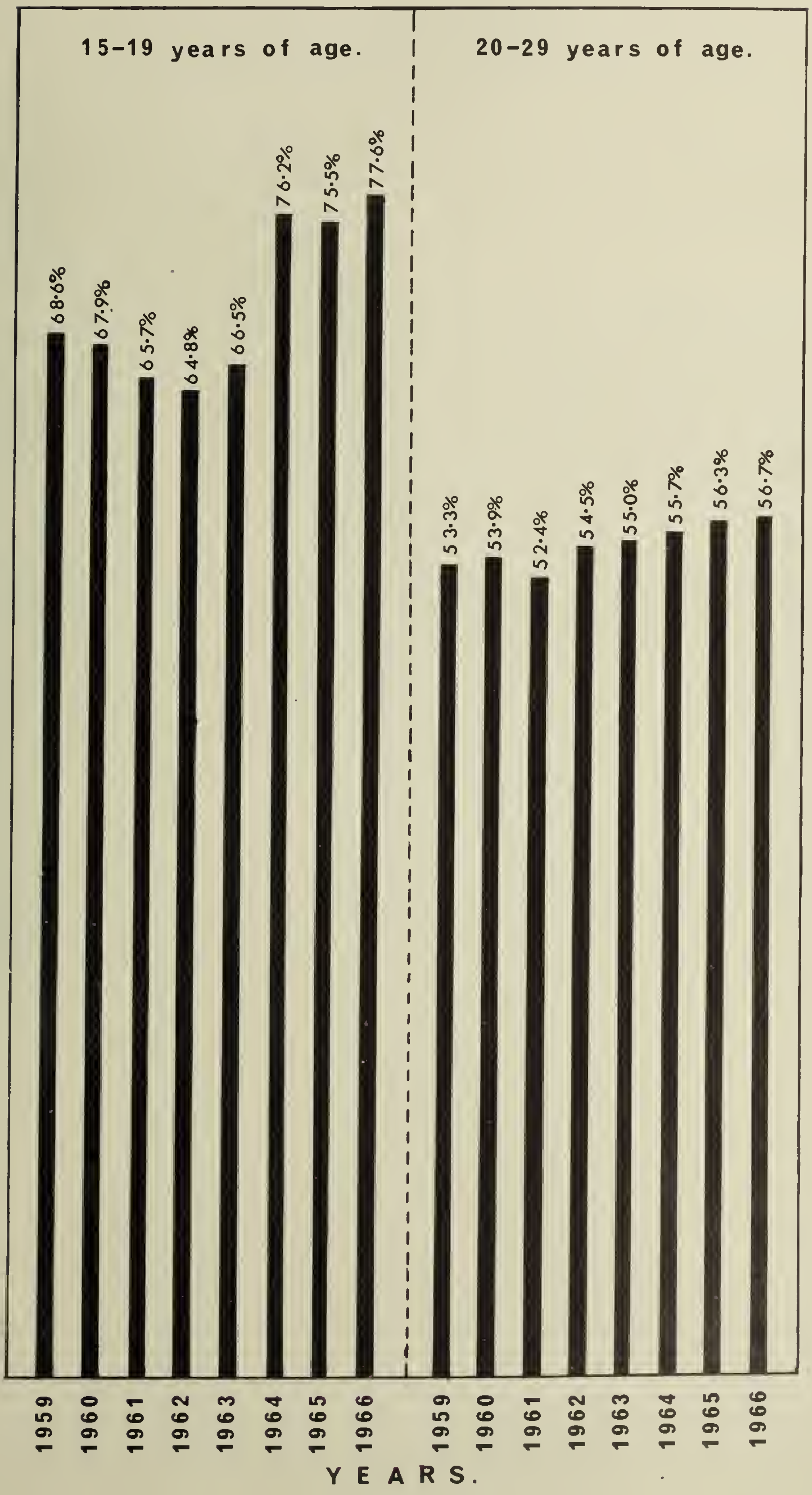
The 1966 figures show that, although the total percentage of non-smokers is lower than the previous year, the percentage of male non-smokers has risen by approximately 5% in the 15–19 age group and that of female non-smokers by approximately 1% in the 20–29 age group.

The following table and histogram show the rise in the precentage of non-smokers in the lower age groups since 1959.

TABLE SHOWING PERCENTAGES, DISTRIBUTED BY AGE AND SEX, OF NON-SMOKERS WHO ATTENDED THE M.M.R. 1959—1966.

Year	Age Groups			
	15—19		20—29	
	M	F	M	F
	%	%	%	%
1959	55.81	78.08	40.70	63.20
1960	53.48	78.67	40.22	64.77
1961	52.27	76.53	39.72	62.61
1962	56.51	72.00	41.81	64.52
1963	58.77	73.36	43.75	63.46
1964	68.00	81.23	42.84	65.57
1965	68.04	81.05	45.77	64.74
1966	73.34	80.26	45.84	65.78

Histogram showing the percentage of non-smokers (male and female combined) who attended the M.M.R. 1959 – 1966.



Survey of smoking habits of the general population in 1966—giving distribution by age, sex and amounts smoked.

Age Groups		Number asked	Non-smokers	% of Total	Pipe Tobacco						Cigarettes										Cigars					
					0–3 oz.	% of Total	4–6 oz.	% of Total	7 oz.	% of Total	0—9	% of Total	10—19	% of Total	20—29	% of Total	30—39	% of Total	40 +	% of Total	5	% of Total	10	% of Total	15	% of Total
15—19	M	285	209	73.34	—	—	—	—	—	—	14	4.91	28	9.82	32	11.23	1	.35	1	.35	—	—	—	—	—	—
	F	456	366	80.26	—	—	—	—	—	—	26	5.70	50	10.97	12	2.63	2	.44	—	—	—	—	—	—	—	—
20—29	M	781	358	45.84	19	2.43	4	.51	—	—	33	4.22	145	18.57	166	21.25	37	4.73	16	2.05	1	.13	1	.13	1	.13
	F	935	615	65.78	—	—	—	—	—	—	67	7.16	167	17.86	77	8.23	6	.64	3	.32	—	—	—	—	—	—
30—39	M	1026	394	38.42	37	3.61	23	2.24	4	.39	38	3.71	141	13.74	265	25.82	62	6.04	41	3.99	13	1.26	6	.58	2	.19
	F	1072	641	59.80	—	—	—	—	—	—	92	8.58	208	19.40	109	10.17	17	1.58	5	.47	—	—	—	—	—	—
40—49	M	1063	337	31.70	50	4.71	69	6.49	2	.19	43	4.04	134	12.61	255	23.99	94	8.84	47	4.42	17	1.60	12	1.13	3	.28
	F	1057	560	52.98	—	—	—	—	—	—	94	8.89	241	22.80	130	12.29	23	2.18	9	.85	—	—	—	—	—	—
50—59	M	935	270	28.88	43	4.60	52	5.56	2	.21	32	3.42	141	15.09	239	25.56	67	7.16	61	6.52	11	1.17	16	1.71	1	.11
	F	851	479	56.28	—	—	—	—	—	—	62	7.28	178	20.91	107	12.58	17	1.99	8	.94	—	—	—	—	—	—
60 +	M	688	228	33.14	53	7.70	58	8.43	9	1.31	41	5.96	106	15.41	115	16.73	30	4.36	28	4.07	13	1.89	6	.86	1	.14
	F	679	483	71.13	—	—	—	—	—	—	44	6.48	98	14.43	48	7.07	4	.59	2	.30	—	—	—	—	—	—
Totals	M	4778	1796	37.60	202	4.23	206	4.30	17	.35	201	4.21	695	14.54	1072	22.43	291	6.10	194	4.06	55	1.15	41	.86	8	.17
	F	5050	3144	62.26	—	—	—	—	—	—	385	7.62	942	18.66	483	9.56	69	1.37	27	.53	—	—	—	—	—	—

Pipe Tobacco = Ozs. smoked per week.

Cigarettes and Cigars = Amount smoked per day.

IMMUNISATION AND VACCINATION.

Vaccination for International Travel.

The Clinic at the Public Health Office offering vaccinations for those persons intending to travel abroad continued to operate each Wednesday afternoon throughout the year. The Clinic, which is only in its second year of operation, is increasingly well attended as shown from the following figures :—

Smallpox :	Primaries...	89
	Re-vaccinations	1,009
Tetanus		5
Cholera		3
T.A.B. and Cholera ...		142
T.A.B. and Tetanus ...		2
T.A.B....		30
Poliomyelitis vaccinations...		2

Yellow Fever inoculations continued to be given at the Pathological Laboratory, The Parade, St. Helier.

Anti-Poliomyelitis Vaccination.

A total of 4,393 doses of oral vaccine were given during the year, 4,337 by this Department and at Infant Welfare Clinics, and 56 by medical practitioners.

The following table gives the distribution and type of doses given :—

No. of Doses	Public Health and Infant Welfare	Medical Practitioners	Total
1st dose ...	1,090	14	1,104
2nd dose ...	1,062	14	1,076
3rd dose ...	1,069	24	1,093
4th dose ... (1st booster)	959	4	963
5th dose ... (2nd booster)	157	—	157
Total	4,337	56	4,393

At the end of the year 92 persons had received one dose only, 80 had received two doses, 4,785 had received three doses, 3,094 had received four doses, and 157 had received a fifth dose. A further 513 had registered but had not yet received their first dose.

B.C.G. Vaccination.

B.C.G. vaccination to confer increased resistance to tuberculosis was first introduced into Jersey in 1949 and every baby born in Jersey since then has been offered a B.C.G. vaccination within a few days of birth. The acceptance rate has always been very high, but an all-time record was established in 1966 when 99.2% of the babies born during the year received B.C.G. vaccination. Only 9 babies born during 1966 remained unprotected at the end of the year. This very satisfactory state was achieved by the fact that in 1966 96% of the babies were born at the Jersey Maternity Hospital, where vaccinations are carried out twice weekly and where the mothers are encouraged to accept the vaccination after being informed of its advantages.

One of the advantages of early vaccination is that no test is required. All children over the age of 3 months have to be tested before receiving vaccination in order to establish that they are still negative to the tuberculin test and suitable for vaccination.

As in 1965, B.C.G. was offered in schools to all the 14-year olds who had shown by skin test to have no resistance to tuberculosis. 124 were given B.C.G. vaccination, 19 of these having received a previous B.C.G. vaccination. Full details can be found in the School Medical Section of this Report.

In all, during 1966, 1,265 individuals who had not previously been vaccinated received B.C.G. No less than 1,142 of these cases were babies in the first year of life, of whom 1,136 were born during the year. Four over the age of 15 received B.C.G. vaccination.

A total of 21,979 persons have received B.C.G. since it was first introduced into Jersey.

The present B.C.G. immunity state of those persons who were vaccinated in Jersey is :—

Age Groups	Population	No. protected by B.C.G.	Percentage protected by B.C.G.
Under 5	5,945	5,850	98.4%
5—9	4,671	4,460	95.5%
10—14	3,714	3,446	92.8%
15—19	4,100	3,190	77.8%
20—24	3,475	2,789	80.3%
25—29	3,393	2,542	74.9%
30—34	3,491	737	21.1%

Other Immunisations and Vaccinations.

Details of other immunisations and vaccinations will be found under the sections of this Report dealing with the Child Welfare Clinics and the School Medical Service.

INFECTIOUS DISEASES.

Infectious diseases (other than tuberculosis) notified during 1966 were :—

Disease	Cases notified
Dysentery (Sonne)	3
Food poisoning	5
Scarlet Fever	10

All these cases were sporadic and no epidemics were encountered during the year.

The following cases of transmissible diseases were treated at Overdale Hospital during the year :—

Tuberculosis (all forms)	22
Malaria and amoebic dysentery	1
Sonne dysentery	1
Gastro-enteritis	1
Measles	10
Rubella	3
Chicken pox	2
Tonsillitis	1
Herpes zoster	3
Food poisoning	2

Venereal Diseases.

Dr. P. G. Bentlif, who conducts the Special Clinics, reports as follows :—

The welcome drop in the attendances at the Special Clinic can be attributed to the Seamen's Strike. This proves beyond doubt that venereal disease is brought into the Island to a great extent from the big cities of England during the tourist season. However, the figures for 1967 will settle the question as to whether or not the decrease was indeed due to the Seamen's Strike.

The figures of attendances at the Special Clinic are :—

	1962	1963	1964	1965	1966
New patients	142	233	180	189	178
Old patients	331	576	426	419	347
Total	473	809	606	608	525

SCHOOL MEDICAL SERVICE.

General Health.

The general health of the schoolchild of Jersey can be regarded with great satisfaction. Measles, mumps, and influenza have occurred without causing any serious complications.

The change in the number of medical examinations during school life has allowed more time to be given at the first inspection. Here, any disorders that may impede progress and learning are treated.

Many children were found to be persistent bedwetters without any form of treatment. Those who preferred to attend their own doctor were encouraged to do so, while the others were advised in management.

Plantar warts, a disabling and sometimes a restricting foot disorder, were found and cured when the pupils elected to attend at the sessions set aside for treatment at the Public Health Office.

Commentary.

Advances in the entire field of medicine, not only in early detection and actual treatment, but in the methods used to restore patients fully after an illness, has changed the pattern of disability in the population generally and children in particular. Many of the diseases that caused death and disabled children are now controlled. Guarding against these conditions returning attention can now be given to " How children function ", with special reference to emotional and behaviour disturbances, speech and language disorders, learning difficulties, chest complaints, epilepsy and all forms of handicapped children.

Efforts must be made to discover disorders early with the view to eventual prevention of disease. A positive programme of Health Education, in which it is hoped to draw attention to certain habits and practices which may later cause ill health, must be directed to parents as well as children.

Affluence is reflected in the improved physical conditions of the Jersey school population. There are quite a few undernourished children, while quite a number are overweight ; both these groups give reason for concern and one wonders whether the generalised distribution of milk to all children, regardless of requirements, should not be reviewed.

Allowing for the normal, natural developmental changes that occur in feet during the first seven years of life, one is disturbed by the deformity caused by ill-fitting shoes. Unfortunately, fashion trends cloud our appreciation of long term foot health, especially when children are still growing. This problem is discussed with the parents and child at all examinations.

It is most encouraging to find so many parents attending the school medicals. The time spent discussing individual " health " problems proves most rewarding to all concerned.

Since handicapped children are included in the school population and parents become aware of what can be done to make them independent the demand for this service will grow. The opening of the new Junior Training Centre is a praiseworthy step towards self sufficiency in Jersey. Perhaps a register of all handicapped children will aid advanced planning and so prevent any difficulties that may arise during their training.

This " functional " approach in regard to the scholar has gained the interest and support of the staff of most schools and hospital consultants. Good health and sound education are complementary, neither can flourish without the other. It is with this in mind that I take great pleasure in expressing appreciation to all Heads and Staff for their courteous reception. Finally, may I express sincere thanks to the Hospital Consultants, the Director of Education and the nurses for their very kind co-operation.

MEDICAL INSPECTIONS.

In all 161 sessions were devoted to the examination of 2,343 students at 36 schools. There were 41 refusals, mostly confined to adolescent girls, and 109 children were absentees.

TABLE I.

	School Medical Inspections.				
	1962	1963	1964	1965	1966
Total number of pupils on school register ...	8,429	8,564	8,573	8,767	8,948
Number of children inspected	2,493	2,360	2,699	2,716	2,343
% of total school children inspected	29.6	27.6	31.5	30.8	26.2
Number of sessions by School Doctor	150	173	180	166	161
Average numbers of inspections per session ...	19	13	15	16	15

TABLE II.

Number of Children examined in Age Groups.				
		Boys	Girls	Total
Periodic Medical Examinations :	Infants (age 5–6)	433	424	857
	Juniors (age 10)	366	359	725
	Seniors (age 14)	302	304	606
Total examined during periodic inspections		1,101	1,087	2,188
Special Inspections		93	62	155
Total of all School Medical Inspections		1,194	1,149	2,343

DEFECTS FOUND DURING MEDICAL INSPECTIONS.

Children found with defects during medical inspections numbered 1,316. Most of these were of a minor nature requiring observation, while those referred were for consultant opinion, few requiring actual treatment. Vision, ear, nose and throat disorders were chiefly involved.

Respiratory disorders, including asthma, were twice as prevalent in the boys as the incidence in girls — 69 : 35.

Developmental disorders, hernia and maldescent of the testes are featured because more functional success is obtained by early surgical reduction.

Despite the large number of orthopaedic disorders appearing on the schedule, most of these were remedial by simple exercises and adequate footwear. Only three cases were referred for consultant opinion.

The types and number of defects are shown in Table III.

TABLE III.

SUMMARY OF DEFECTS FOUND DURING PERIODIC AND SPECIAL MEDICAL INSPECTIONS.

Defect	Periodic Inspections				Special Inspections
	Infants	Juniors	Seniors	Total	
Skin	64	47	87	198	3
Eyes: Vision	150	233	120	503	47
Squint	42	24	11	77	6
Other	2	6	2	10	—
Ears: Hearing	18	15	4	37	3
Otitis Media	18	3	1	22	5
Other	9	4	1	14	3
Nose and Throat	222	67	34	323	37
Speech	23	6	6	35	6
Glands	112	16	3	131	7
Heart	10	12	11	33	1
Lungs	47	20	25	92	4
Development: Hernia	7	4	—	11	—
Other	18	9	7	34	2
Orthopaedic: Posture	4	6	4	14	1
Feet	43	40	10	93	5
Other	26	18	19	63	7
Psychological: Development	8	10	2	20	1
Stability	5	2	4	11	2
Nervous System: Epilepsy	2	—	1	3	—
Other	4	1	—	5	—
Asthma	1	3	2	6	2
Others	15	14	10	39	1
Total defects	850	560	364	1,774	143

The high incidence in the Ear, Nose and Throat and Gland fields are caused by the cross infection that occurs during the first contacts in a school population. Fortunately the pendulum has swung towards observation rather than surgery with better long term results. This aspect of the modern approach is usually discussed and found to be acceptable to all parents.

Table IV shows the disposal of children found with defects. O indicates that the defect was kept under observation and T shows that the defect was treated or referred for treatment.

TABLE IV.

Defect			Periodic Inspections				Special Inspections
			Infants	Juniors	Seniors	Total	
Skin		T	7	4	38	49	—
		O	57	43	49	149	3
Eyes :	Vision	T	52	111	53	216	31
		O	98	122	67	287	16
	Squint	T	5	—	1	6	—
		O	37	24	10	71	6
	Other	T	—	—	—	—	—
		O	2	6	2	10	—
Ears :	Hearing	T	7	3	2	12	1
		O	11	12	2	25	2
	Otitis Media	T	—	—	—	—	—
		O	18	3	1	22	5
	Other	T	—	—	—	—	—
		O	9	4	1	14	3
Nose and Throat		T	7	6	11	24	5
		O	215	61	23	299	32
Speech...		T	11	1	—	12	—
		O	12	5	6	23	6
Glands...		T	—	—	—	—	—
		O	112	16	3	131	7
Heart		T	2	—	1	3	—
		O	8	12	10	30	1
Lungs		T	2	—	2	4	—
		O	45	20	23	88	4
Development :	Hernia	T	1	2	—	3	—
		O	6	2	—	8	—
	Other	T	1	2	—	3	—
		O	17	7	7	31	2
Orthopaedic :	Posture	T	—	—	—	—	—
		O	4	6	4	14	1
	Feet...	T	1	1	2	4	—
		O	42	39	8	89	5
	Other	T	—	1	1	2	—
		O	26	17	18	61	7
Psychological :	Development ...	T	—	—	—	—	—
		O	8	10	2	20	1
	Stability	T	—	—	1	1	—
		O	5	2	3	10	2
Nervous System :	Epilepsy ...	T	—	—	—	—	—
		O	2	—	1	3	—
	Other	T	—	—	—	—	—
		O	4	1	—	5	—
Asthma		T	—	—	1	1	—
		O	1	3	1	5	2
Others...		T	2	1	—	3	—
		O	13	13	10	36	1
Total defects			850	560	364	1,774	143

Speech Defects.

The incidence of speech defects in school entrants showed a reduction as compared to previous years. This is probably due to the fact that many are discovered in the pre-school child and referred for therapy.

Child Guidance Clinic.

The excellent liaison between the Child Guidance Clinic and the School Medical Service continues to grow. Educational subnormality is one aspect of handicap that has been realised in the early 19th century, but serious consideration of their requirements was only given in the United Kingdom when School Boards were established in 1870. It was only after the last war that a new approach in the education of the subnormal was intensified. Special consideration was accorded mental subnormality in 1944 and 1959 in the United Kingdom.

The combined effort of the departments concerned has rehabilitated many maladjusted children, while others have been placed on the road to rehabilitation. Not infrequently home environment is the weak link in the effort and all extraneous efforts meet with failure.

B.C.G. VACCINATION.

Adhering to the concept " Health cannot be imposed on people it must be won in partnership with them "—the drive to eradicate tuberculosis continues.

TUBERCULIN TESTS.

Number undertaken :—

School	Number Tested	Parent Refusals	Forms not Returned	ABSENT.		Total No. of Tests Read
				Testing	Reading	
Victoria College	49	10	6	4	1	48
St. Helier Girls	72	27	11	9	14	58
Rouge Bouillon	44	6	—	16	6	38
Hautlieu	20	3	5	—	2	18
St. Helier Boys	92	16	5	10	12	80
Helvetia	5	4	1	—	—	5
P.H.D. Boys	14	—	—	—	—	14
P.H.D. Girls	11	—	—	—	—	11
de la Salle	7	2	—	—	—	7
Convent F.C.J.	17	8	3	—	—	17
Quennevais Boys ...	34	11	9	—	—	34
Quennevais Girls ...	24			—	2	22
Girls' College	40	17	7	4	4	36
Beaulieu Convent ...	27	6	—	—	2	25
Totals	456	110	47	43	43	413

During 1966 invitations were sent to 656 parents offering B.C.G. testing to all children in the 13–14 age group. There were 110 frank refusals ; 47 forms were not returned ; 43 students absented themselves for testing ; 43 were not available for reading the test. Facilities for completing the schedule for absentees were provided at the Public Health Department and 25 students attended, making a total of 413 who completed the investigations.

Refusal of B.C.G. testing and vaccination where necessary is due to the fact that many are not conversant with the object of the test. Quite often religious affiliation excludes participation, while, in some cases, frank adolescent negativism is the deciding factor. However, direct personal contact and discussion, wherever possible, does help to clear much misunderstanding.

RESULTS OF SKIN TESTS :—

School	Previously B.C.G. Vaccinated Pupils						Unvaccinated Pupils						Total
	Neg.	1	2	3	4	Total	Neg.	1	2	3	4	Total	
Victoria College... ...	3	3	17	6	—	29	17	1	1	—	—	19	48
St. Helier Girls	6	29	4	2	—	41	12	4	—	1	—	17	58
Rouge Bouillon	—	10	12	3	1	26	12	—	—	—	—	12	38
Hautlieu	1	7	4	1	—	13	4	1	—	—	—	5	18
St. Helier Boys	—	33	22	6	—	61	18	1	—	—	—	19	80
Helvetia	—	3	1	—	—	4	1	—	—	—	—	1	5
P.H.D. Boys	1	6	2	1	—	10	4	—	—	—	—	4	14
P.H.D. Girls	2	7	—	1	—	10	1	—	—	—	—	1	11
de la Salle	—	4	2	—	—	6	1	—	—	—	—	1	7
Convent F.C.J.	1	5	5	3	—	14	3	—	—	—	—	3	17
Quennevais Boys ...	3	11	5	6	—	25	8	1	—	—	—	9	34
Quennevais Girls ...	—	7	6	2	—	15	5	—	1	—	1	7	22
Girls' College	2	6	14	1	—	23	11	1	1	—	—	13	36
Beaulieu Convent ...	2	13	3	—	—	18	6	1	—	—	—	7	25
Totals	21	144	97	32	1	295	103	10	3	1	1	118	413

From the summary of the results of the Tuberculin Tests 295 children had been vaccinated previously and 274 of these i.e. 92.8% still gave positive tests thus demonstrating some degree of protection. Some authorities advocate revaccination of those showing a very low positive reading e.g. the 144 children giving a Grade 1 response, these being considered Tuberculin " reversions ". Other authorities advocate caution in this regard.

In the 118 unvaccinated pupils 15 reacted positively to varying degrees. The strong reactors are fully investigated. The weak reactors indicate development of some resistance against tuberculosis having been exposed to an infection i.e. the primary complex.

All negative reactors, both in the previously vaccinated and in the unvaccinated groups, were vaccinated.

IMMUNISATION.

Parents are anxious to avail their children of the immunisation facilities offered by the School Medical Service.

All children who follow the advised schedule receive boosters, and those who have not received any form of immunisation are given full coverage. This is frequently done at great inconvenience by the school nurses who often have to make house visits to complete the schedule.

The " at risks " cases, e.g. asthmatics, allergies, eczemas and epileptics are being given special care during coverage.

The whooping cough component is no longer used in the school entry booster.

In 1966 the service completed the following :—

Primary against Diphtheria and Tetanus	160
Primary against Tetanus only	140
Boosters against Diphtheria and Tetanus	536
Boosters against Tetanus only	520
Poliomyelitis Vaccination (oral) —Complete Primary courses	175
—Boosters	233
Total number of Inoculations	3,226

VERMINOUS HEADS.

There has been a dramatic reduction in infestation. This is due to the concerted efforts of the nursing staff and the new agent used in treatment. Only 80 cases were found in 1966 as compared to 130 in 1965.

SCHOOL BUILDINGS.

The comprehensive school building programme approved by the Education Committee will, on completion, reduce the congestion at present experienced. It is unfortunate that the medical aspects of school life are still forgotten in modern planning. Quite often facilities for medical inspections caused considerable disruption of the usual school routine.

J. M. JOSHUA,

School Medical Officer.

SCHOOL DENTAL SERVICE.

Report of the Senior School Dental Officer.

The regular annual dental inspection of all schools was carried out and, from the figures supplied below, would appear to have produced a sharp rise in the amount of dental treatment needed by the Jersey children. This was, however, due to a full complement of staff for the whole year as compared with last year.

Four years ago a dental survey revealed that children starting school at 5 years old already had an average of 3.5 bad teeth. In spite of the fact that children can obtain free treatment at the School Dental Clinic before they start school, only 60 pre-school children were seen during the year. This is the most important age for a child dentally as he can quickly become used to treatment before any drastic treatment is needed which may put him off dentistry. The availability of this service should receive wider publicity.

At the other end of the scale several university and college students were treated during the year under a reciprocal agreement with the United Kingdom health authorities.

Again I would like to thank all teachers for their co-operation in the running of the School Dental Service.

	1966	1965	1964
Number inspected	6,509	5,368	6,108
Number needing treatment	3,903	3,892	3,250
% needing treatment	60.0	53.8	54.1
Number consenting to treatment	2,305	1,986	2,226
% consenting to treatment	59.0	68.9	66.0
Number of first visits	3,257	2,900	2,796
Total attending	9,581	9,210	9,752
Number of fillings (P)	6,918	6,464	6,219
Number of fillings (T)	840	910	806
Number of teeth filled (P)	5,252	4,743	4,637
Number of teeth filled (T)	1,701	1,483	1,333
Number of teeth extracted (P)	814	708	714
Number of teeth extracted (T)	1,401	1,801	1,461
Number of visits for orthodontic treatment	474	378	459
Anæsthetics administered	457	647	440

I. J. CAMPBELL,
Senior School Dental Officer.

SPEECH THERAPY.

Report of the Speech Therapist.

I have the honour to report on the work of the Speech Therapy Clinics for 1966.

A total of 31 sessions was spent at the Junior Training Centre throughout the year, the other sessions used as in previous years, seven per week at the Public Health Department and two at the General Hospital.

Public Health Department Clinic.

	1966	1965	1964	1963
Number of patients treated	116	141	137	129
Number of attendances	1,114	1,070	1,045	786
Number of patients on review	79	52	41	20
Number of discharges	83	86	71	57

The above figures include 122 attendances of educationally subnormal and mentally handicapped children.

The following table gives the type of defect and age groups of the children seen at the above clinic :—

Type of Defect.	Age Groups.					
	0 — 5		6 — 15		Total	
	M	F	M	F	M	F
Dyslalia (retarded speech development)	7	5	47	25	54	30
Dyslalia 1 (associated with deafness)	—	—	1	—	1	—
Dyslalia 2 (associated with mental defect)	2	—	2	—	4	—
Stammer	—	—	11	2	11	2
Cleft Palate and Hare-lip	1	—	3	—	4	—
Dysphonia (voice disorders)	—	—	2	2	2	2
Dysphasia (language disorders)	2	3	1	—	3	3
Total	12	8	67	29	79	37

Hospital Clinic.

	1966	1965	1964	1963
Number of patients treated	39	34	31	14
Number of attendances	344	258	175	75
Number of patients on review	13	10	6	6
Number of discharges	26	16	15	3

The following table gives the type of defect and age groups of the patients seen at the above clinic :—

Type of Defect.	Age Groups.															
	0—15		16—24		25—34		35—44		45—54		55—64		65 +		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Stammer	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2	—
Cerebral palsy	1	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1
Laryngectomy	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—
Dysphonia	—	3	—	—	1	—	3	2	2	1	—	2	—	—	6	8
Dysphasia	—	—	—	—	—	—	—	1	5	1	2	—	3	—	10	2
Dyslalia	2	1	—	2	1	—	1	—	—	—	—	—	—	—	4	3
Total	3	4	2	2	2	1	5	3	8	2	2	2	3	—	25	14

A number of the above patients were seen as in-patients at the Hospital where daily treatment was carried out as far as possible. The importance of referring these stroke cases early cannot be over-emphasised.

In conclusion, I wish to express my thanks to the principals and teaching staff of the schools for their co-operation and help, and also the Ambulance Service.

ANNE E. LOWRY,
Speech Therapist.

REPORT OF THE CHIEF SANITARY INSPECTOR—1966.

I have the honour to submit the Annual Report on the work of the Sanitary Inspectors' Department for the year ended 31st December, 1966.

The Department has been fully extended during the year and the impending introduction of Food and Drugs legislation will undoubtedly pose a problem for the existing staff. This legislation is long overdue, and it would be unfortunate if lack of staff precluded its effective implementation.

BUILDING CONTROL.

During the year 2,178 building applications were received at the Planning Office, representing an average of nearly 43 per week over the 51 week period. Many of these applications were non-contentious from the public health point of view, but 1,778 (initial applications and amended plans called for either by the Building Inspectors or Sanitary Inspectors) were dealt with in the Public Health Department. It is worthy of note that 304 dwellings and 81 flats were completed during the year.

I would again express appreciation of the close liaison between the Planning Office staff and ourselves. This engenders a happy working relationship which must, in turn, be reflected in our mutual dealings with the public.

HOUSING.

The Sub-Committee, appointed during the previous year, inspected 18 dwellings which had been brought to the notice of the Department, either by reason of complaint or through reference by medical practitioners. The condition of these dwellings was such as to warrant the imposition of Closing Orders, but in accordance with its terms of reference the Sub-Committee invited the owners or their representatives to discuss the position in the first instance.

This is undoubtedly the correct approach, and experience has shown that owners appreciate the opportunity to express their views. It says much for the persuasive powers of the Sub-Committee that in no instance during this year did we receive opposition, and the following Closing Orders were subsequently applied :—

NUMBER OF HOUSES CONDEMNED.	POSITION.	DATE OF REPORT.	RESULT OF ACTION TAKEN.
1	Flat, 9, Seale Street, St. Helier	28.2.66	Vacated.
2	Nos. 1 and 3, Minden Villas, Old St. James Place, St. Helier	28.2.66	No. 3 Vacated.
2	Nos. 1 and 2, Cottages, rear of 12, Parade, St. Helier	28.2.66	Still occupied.
1	Flat, 3, Seaton Place, St. Helier	28.2.66	Vacated.
2	Chalet type dwelling, rear 55, Val Plaisant, St. Helier	1.3.66	Vacated.
2	Nos. 1 and 2, Cottages, rear of 17, Parade, St. Helier	22.3.66	Both vacated.
1	Cottage, rear 39, New Street, St. Helier	22.3.66	Vacated.
1	Converted loft, La Croix, Trinity	26.3.66	Vacated.
2	Nos. 5 and 6, Greenbanks Cottages, St. Peter	1.4.66	1 vacated.
1	Basement Flat, Clarendon, St. Peter	1.4.66	Vacated.
1	Grove House, Samares Lane, St. Clement	2.6.66	Demolished.
1	Chapleau, La Hougue Farm, St. Brelade	4.6.66	Vacated.
1	Bijou Bungalow, Corbière Road, St. Brelade	20.7.66	Vacated.

As time progresses, we are becoming even more aware of sub-standard housing conditions, particularly in the built-up areas. Back-to-back type dwellings, with shared sanitary accommodation and a common stand pipe in the yard for water supply, are not consistent with standards that might be expected in a prosperous Island. Unfortunately, this state of affairs is only too common, and although some inroads are being proposed by way of demolition and re-building, notably in the Ann Street and Dumaresq Street areas, we have no reason to be complacent.

Other housing work of a routine nature continued, and informal action by the Department resulted in the remedying of many structural defects.

CLEAN FOOD.

The Food and Drugs (Jersey) Law, 1966, was approved by the States in March, and sanctioned by Order of Her Majesty in Council on the 9th June. It is hoped that the Law will be brought into force on 1st May, 1967.

The Law gives the Committee power to make Orders for securing cleanly and sanitary conditions and practices in connection with the handling of food. With a view to maintaining its good relations with the Island's food traders, the Committee decided that the provisions of any proposed Orders should be fully discussed with all the trade organisations whose members would be affected. In June, the Committee was pleased to welcome to the Island Mr. Morley Parry, the Food Hygiene Advisory Officer to the Ministry of Health. During his stay, Mr. Parry gave talks to all interested organisations on the need for, and general principles of, food hygiene. Following this introduction, the Committee's Officers, in conjunction with the Assistant Law Draughtsman, discussed the proposed Orders in detail with all the local food trade organisations. The Officers would like to place on record their appreciation for the co-operation which they received from these organisations, and also from the local Press for its ready assistance.

It quickly became apparent that the complexity of work in this field warranted the formation of a Public Health Sub-Committee to discuss the implications of the Law with other interested States' Committees and to give policy guidance to the Officers.

The Sub-Committee met the Markets Sub-Committee to discuss the effect of the proposed Orders on the Public Markets. On the recommendation of the Markets Sub-Committee, the Public Works Committee agreed in principle to bring the Markets up to the standard proposed in the Orders.

It is estimated that the Food Hygiene Orders will affect between 2,500 and 3,000 premises, and if they are to be effectively implemented, some increase in the staff of the Department will be inevitable.

INSPECTIONS.

Restaurants, cafés and beach cafés	80
Mobile shops	8
Bakehouses	15
Hotels	74
Other food premises	387

UNSOUND FOOD.

During the year condemnation certificates were issued in respect of the following foods judged to be unfit for human consumption :—

Meat and Meat Products	10,296 lbs.
Fruit and Vegetables	6,861 lbs.
Fish	680 lbs.
Cheese	691 lbs.
Miscellaneous	7,863 lbs.

MILK PROCESSING AND DISTRIBUTION.

Early in March, 1966, the Milk Marketing Board began the full scale pasteurisation of milk in the new dairy at Five Oaks.

The introduction of the " Tetra-Pak " disposable carton generated deeply felt objections from many housewives. Most of the " anti " feeling arose from misunderstandings and lack of information. A Public Meeting was held under the auspices of the Jersey Women's Institutes, at which representatives of the Milk Marketing Board and the Public Health Department explained the reasons for the new system and answered objections. There is little doubt that from a public health point of view a non-returnable container such as the " Tetra-Pak " is a most hygienic way of delivering milk.

The method of processing is a heat treatment similar in general principle to that already in use in Jersey and proved by the control sampling of the Public Health Department to be most effective. Regular analyses of the milk are made, and these show that the cream content remains the same as it has always been, contrary to the occasional allegation that " the milk is not what it used to be ".

The rationalisation of distribution has involved considerable structural alterations and the provision of a large cold store at the Victoria Street Depôt, which will conform to the proposed new hygiene regulations. A temporary Depôt with cold store facilities has also been established in St. Brelade to supply the western parishes.

The impending introduction by the dairy industry of the process known as " long life " milk is probably the most significant development in dairy technology since pasteurisation. It opens up the prospect of exporting milk to all parts of the world, and in fact some dairies are already doing this.

The composition and quality of Jersey milk will, no doubt, enable it to compete successfully whenever a quality milk is required, and regular sampling and inspection by the Public Health Department will help to ensure that the highest hygienic standards are maintained.

PHOSPHATE TEST. (Efficiency of Pasteurisation).

One hundred and forty samples were taken at all stages from dairy to consumer, and all were satisfactory.

FOOD AND DRUGS SAMPLES.

Nature of sample	No. of samples taken	Genuine	Remarks
Milk	143	141	Two samples were below standard. Follow up samples were satisfactory.
Cream	6	6	
Canned fruit	2	2	
Jelly...	2	2	
Rennet essence	1	1	
Lemon pie filling	1	1	
Dried fruit	2	2	
Jelly covering...	1	1	
Cake mix...	1	1	
Tea	2	2	
Fruit flavour	1	1	
Suet...	1	1	
Jam	2	2	
Onion powder	1	1	
Broth	1	1	
Tomato juice	1	1	
Ravioli	1	1	
Flour	1	1	
Fruit crystals	1	1	
Food colouring	1	1	
Coffee essence	1	1	
Coffee powder	1	1	
Seeds (Ipomoea Rubra Coerulea)	4	4	These seeds were tested for presence of active drug and all were negative.

RADIATION HAZARDS.

The Ministry of Agriculture, Fisheries and Food monitors the level of radioactivity in the coastal waters around the British Isles to ascertain whether or not the effluent discharged by nuclear power stations presents a hazard to marine or human life. In view of the proposed nuclear power station at Cherbourg, the Channel Islands authorities were invited to participate in the survey. Guernsey agreed to participate, and the Public Health Committee decided that it would be in the public interest for Jersey to do likewise. Samples of certain types of marine life are collected quarterly from La Coupe and Grève de Lecq and submitted to the Ministry for radiobiological analysis. Samples are also submitted to the States' Official Analyst for comparative tests. The level of radioactivity prevailing during the year was low, and gave no cause for concern.

Sixteen pints of milk were examined for Strontium 90 content, and the results were below danger level.

WATER SUPPLY.

Routine sampling of water supplies continued during the year, the results indicating little change in the general pattern over previous years.

Samples taken for :—	SATISFACTORY	UNSATISFACTORY	Total
Chemical analysis	169	60	229
Bacteriological examination	174	59	233

SOURCES SAMPLED	No.	Satisfactory	Unsatisfactory
Wells	130	81	49
Springs	8	7	1
Streams	3	—	3
Rainwater storage	20	9	11
Bore Tubes	60	43	17
Treated supplies	18	9	9

Number of samples which contained excessive lead...	14
Number of samples which contained excessive iron...	33
Number of samples which contained excessive copper	22
Number of samples which contained excessive zinc...	14
Number of wells which contained oil...	1
Number of rainwater samples tested for paraffin	2
Number of swimming pools sampled...	13
Number of beaches tested for sewage...	1 (Negative).

HOTEL SWIMMING POOLS.

The number of hotels installing swimming pools shows a steady annual increase, the total figure for 1966 being twenty-seven.

Applicants requesting permission to install commercial pools were asked, as a condition of approval, to install full filtration and chlorination equipment. Maintenance and proper use of this equipment is all important, and checks on the various pools made by our inspectors have not always revealed good arrangements in this respect.

There was a marked improvement during the year as a result of spot checks and advice, and many pools were operating to a high standard of treatment.

There is no room for complacency, however, particularly with annual staff changes in hotels.

The Tourism Committee has also expressed an interest, and it appears that this is an item which will produce further demands upon the Department.

PUBLIC CONVENIENCES.

The provision of car parks on the coastal fringe of the Island brings to mind the desirability of providing public conveniences in close proximity to such areas.

The Public Health Committee agreed to the suggestion that a Working Party could usefully be formed to explore the position so that mutually agreed priorities could be established. It is gratifying to record that the various Committees invited to be represented—Public Works, Island Development and Tourism—readily agreed to the formation of the Working Party and nominated appropriate officers for this purpose.

The Working Party has met on two occasions and a report submitted to the Public Health Committee for subsequent distribution to the other Committees involved.

To summarise the report, the Working Party considered that the following areas are in urgent need of public conveniences :—

1. La Mare Slip.
2. Gorey Castle.
3. St. Ouen's Bay, bearing in mind the report of the St. Ouen's Bay Working Party.
4. St. Brelade, in addition to those existing.
5. Ouaisne.

It is to be hoped that these recommendations will be implemented as a matter of some urgency.

SEWERING AND DRAINAGE.

A main sewer extension to St. Peter's Village was completed, but was not available for connections from properties before the end of the year. It is estimated that the sewer will allow for over 100 dwellings and business premises to be connected, and a canvass of the area suggests that the majority of householders will wish to avail themselves of the opportunity.

During the year 45 dwellings were connected to the new public sewers between Bel Royal and Beaumont which were laid during 1964 and 1965. It is anticipated that a further 20 existing dwellings will eventually be connected to these sewers.

New development in Victoria Village was drained, less traditionally, by means of a mutrator pumping to the nearest available sewer at Five Oaks. Approximately 50 houses will be served by this means.

The advent of mutrator pumps provides a relatively easy means of sewering close-knit communities remote from a public sewer. The de-merit is that the pumping line is not available for connections from properties en route between the site mutrator and the sewer. A multiplicity of schemes of this type would constitute short term reasoning militating against proper sewer extensions.

Sewage disposal from new and existing houses in the country areas continues to be by means of septic tanks and soakaways. Although many parts of the Island are defined as water pollution safeguard areas, and as such are protected, extreme care must be exercised to avoid prejudice to well supplies in the remaining country areas.

It is felt that the time is not far distant when septic tank drainage must be severely restricted.

DISINFECTIONS AND DISINFESTATIONS.

The following table gives details of work undertaken during the year :—

Number of rooms disinfected for infectious disease	75
Number of mattresses disinfected	108
Number of bundles of bedding and clothing disinfected	334
Number of rooms disinfested	582
Number of books disinfected	40
Drain tests	1,349

PEST DESTRUCTION.

During the year 279 new complaints of rat and mouse infestations were investigated and treated. This necessitated 2,089 initial and follow-up visits by the Rodent Operative to ensure final elimination of the trouble. Arrangements were also made for the supply of rat poison to be used by sewer maintenance staff to combat the rat population in the sewers. This has proved of undoubted value in the constant fight against rats.

One vessel with an expired De-Ratting Exemption Certificate was examined, found free of rats and issued with a new Exemption Certificate in accordance with Article 12 of the International Sanitary Regulations. Spraying with insecticide, notably to counter fly and cockroach infestations, was carried out on 47 occasions.

In conclusion, I would again thank all members of the Department for their unfailing help, and the Public Health Committee for its encouragement and support during the year.

R. F. KNOWLES,
Chief Sanitary Inspector.

CARE OF THE AGED AND INFIRM.

Report of the Social Welfare Officer.

1966 has passed with a satisfactory increase in the number of pleasant Residential Homes for our aged and infirm population. In fact it is the first time we have been in a position to offer a choice of Home and area convenient for both patient and visiting relatives.

Accommodation has been found in our Homes for elderly men admitted to the medical ward at the General Hospital for short periods of care who are, in fact, still in employment but for various domestic reasons are unable to maintain themselves at a standard which would ensure their future good health, and because of the care and attention received they are able to carry on until pensionable age is reached. From one of these grateful residents was a gallant gesture on Mothers' Day—a very nice bouquet of flowers for Matron and chocolates for the resident ladies. Thoughtful actions such as this help towards the happy atmosphere of a Home.

Regretfully, the number of requests for long term institutional beds is far in excess of those available, but I hope by the end of 1967, when the new Geriatric Wing at Overdale Hospital is open and the number of beds at Grouville Annexe has been increased, the situation will be much improved.

The overall picture is much brighter and thanks and credit are due to the Parish of St. Helier for the increase in accommodation at St. Helier House, and also the Gardner Home. Also to the States' Housing Department for their drive in making more one-bedroom and bed-sitting room flatlets available. These are much sought after and, together with the help of the Social Services i.e. Meals on Wheels and Home Helps, independence and happiness are fortified in old age. We are also well on the way to having more Homes with private rooms which are well within the reach of those who are able to pay a reasonable sum per week, but who cannot pay Nursing Home fees.

Although Jersey has not a full Health Service, I feel I can claim that almost everything which is supplied under the United Kingdom Scheme can be obtained here. The Jersey Dispensary Fund, through the Secretary, Mr. Noakes, has given me wonderful help in obtaining aids such as wheelchairs, hoists, etc., and to him I am most grateful.

A very adequate Chiropody Service and Hairdressing Service is available to the residential homes and this is on a monthly basis.

The number of persons boarded out in 1966 is as follows :—

	Male	Female	Total
Number of persons boarded out 1/1/66	15	65	80
Number of persons added during the year ...	9	34	43
Number of persons removed or died during year	7	27	34
Number of persons boarded out 31/12/66	17	72	89

Accommodation was also found for approximately 60 persons in our Homes who were able to pay their fees privately.

I have been concerned for some time about the long working hours of the Matrons of our Homes. However, recently a slight increase in the payment of patients' fees has enabled them to employ more staff and so eased the burden. These ladies deserve every support as they take on very arduous duties and do much to relieve the anxiety of old people who are without relatives to care for them. Two cases, I feel, are worthy of mention. One, a lady who has suffered from arthritis for many years and was confined to a wheelchair, unable to feed or dress herself, is now actually knitting her own jumpers and is taking a few walking steps with assistance. The other, a lady who has been in a wheelchair for almost ten years and when taken into care had pressure sores to the bone in her heels, is now walking with the aid of sticks. This happy state can only be obtained with endless patience and understanding, and the Matrons seem to have an endless supply of both.

There are now approximately 650 elderly people in care between Voluntary Homes and Hospitals. There are still 1,104 non-contributory pensioners, which means we still have quite a large number of potential patients.

I would like to state my appreciation of the Constables of the Parishes, who take a keen interest in the care and well-being of the elderly people, even after they have left the parish for residential care, and for the courtesy and help they give me in my work.

MEALS ON WHEELS.

Meals on Wheels administered by the Meals on Wheels Voluntary Service.

Number of meals delivered	5,475

HOME HELPS SOCIETY.

NUMBER OF PERSONS HELPED.	
St. Helier	120
St. Saviour	24
St. Clement	21
Grouville	8
St. Martin	6
Trinity	6
St. John	2
St. Mary	2
St. Lawrence	11
St. Peter	2
St. Brelade	15
St. Ouen	2
Total	219

The above two voluntary services have been of inestimable value in helping elderly persons to remain in their own homes. Their service has been promptly and efficiently given and often goes well beyond duty. I know where elderly people are invited for a meal to the home of their " help " and it certainly is a bright spot in their week.

Lastly, I would like to mention the Voluntary Hospital Car Service. This service does much to relieve the overworked Ambulance Service and I feel that very special thanks should be given to these people, who not only give their valuable time but the use of their own cars, provide petrol, etc., and very often require a sense of humour when they are asked to take elderly patients on shopping expeditions before going home. I might add, they are not immune from " parking tickets " either.

M. GRAY,
Social Welfare Officer.

DISTRICT NURSING AND CHILD WELFARE.

The valuable work carried out by the Jersey District Nursing Association, through its nine Branch Associations and the Family Welfare Centre, continued throughout the year. In 1966, the Association received a grant of £16,000 from the States of Jersey and there can be no doubt that it is money well spent.

The work of the District Nurses, Midwives and Health Visitors is co-ordinated and supervised by the Superintendent Nursing Officer, Miss J. E. Flex, and it is from her reports that the following material is taken.

District Nursing and Midwifery.

The district nurses have continued to do general nursing, domiciliary midwifery, and some tuberculosis visiting, and there has been little alteration in the pattern of the work from that shown in previous years, except that visits paid to patients over 65 are now nearly 90% of the total. General nursing care (i.e. bed baths and general toilet) continue to take up most of the nurses' time. With a further decline in surgical cases (4,527 visits in 1964, 4,090 in 1965 and 3,483 in 1966) and domiciliary midwifery (22 deliveries in 1965 and 12 in 1966) the nurses are getting little chance to exercise their skills in surgery and obstetrics.

General Nursing.

Type of Case	New Cases				Visits			
	1965		1966		1965		1966	
	Over 65 years of age	Total	Over 65 years of age	Total	Over 65 years of age	Total	Over 65 years of age	Total
Medical	359	551	394	568	14,191	19,172	15,589	19,608
Surgical	65	145	71	132	1,954	4,090	2,449	3,683
Tuberculosis	1	3	2	4	1	253	42	143
Casual	—	—	—	—	—	1,053	—	1,016
Total	425	699	467	704	16,146	24,568	18,080	24,250

Midwifery.

	1965	1966
Number of bookings	31	18
Number of domiciliary confinements	22	12
Number at which doctor was present	9	5
Number of cases transferred to hospital...	—	6
Number of institutional cases transferred home and attended by nurses	9	4
Ante-natal and nursing visits	758	522

The district nurses have also continued to act as school nurses, assisting the medical officer with school medical inspections and conducting hygiene inspections in schools and following up where necessary in the homes. There was an improvement in 1966 in head infestation, only 80 cases occurring as against 130 in 1965, but several well-known families continue to pose problems. School nurses have given 300 more prophylactic doses this year than last, the majority being diphtheria/tetanus and poliomyelitis boosters.

School Health Service.

Hygiene	1965	1966
Number of children seen	16,931	18,474
Number of sessions	117	130
Infected heads	130	80
Immunisation		
Number of doses given	2,895	3,226
Number of sessions	307	184
Special visits		
Homes and schools	274	363

HEALTH VISITING.

The health visitors, now up to establishment, have made up the leeway caused by last year's staff shortage ; there is particular improvement in return visits to children under five years of age. There has been a marked increase in ante-natal visits and also in visits to problem families. Ineffective visits i.e. visits to houses when no-one is at home, are still high and waste a lot of time.

The health visitors each have responsibility for two or at the most three Clinics, as far as possible in their own areas. They have continued to assist the Clinic doctors with immunisation and poliomyelitis vaccination of babies, both in the Clinics and, where necessary, in the homes. Problem families, when they occurred, continued to take up a lot of time ; health visitors also assisted in assessing need for domiciliary family planning, and also visiting cases of tuberculosis under the direction of Dr. R. E. Gruchy, Chest Physician at Overdale Hospital.

Hearing tests of pre-schoolchildren were begun in the homes and once a month a hearing testing session is planned at our headquarters, Gloucester Lodge.

The health visitors have become a keen and efficient team.

VISITS PAID BY HEALTH VISITORS.

	1964	1965	1966
New babies	1,233	1,232	1,191
Other visits	13,438	6,692	11,430
Totals	14,671	7,924	12,621

CHILD WELFARE CLINICS.

14 Child Welfare Clinics, some weekly, others fortnightly, are held in various halls throughout the Island. The last Clinic was started in June at the Maternity Hospital.

These Clinics are conducted by a Health Visitor assisted by voluntary helpers, and a doctor is also in attendance.

Place	Number of Sessions	New Births	Total Attendances	Examined by Doctor	Vaccinations & Immunisations given *
Maternity Hospital (4 clinics)	179	467	6,771	3,104	3,127
Greve d'Azette	52	112	1,537	690	735
Grouville	23	33	434	249	309
St. Ouen	26	26	285	116	223
St. Simon	46	128	1,571	862	939
Trinity	25	39	447	252	308
Les Quennevais	51	131	1,580	644	993
St. Peter	26	32	339	124	214
St. John	23	49	475	276	325
Millbrook	26	68	842	535	555
St. Martin	24	42	499	288	305
Total 1966	501	1,127	14,780	7,140	8,033
Total 1965	476	1,060	14,417	4,170	7,444

* (Smallpox vaccination
(Trivax against Diphtheria, Tetanus and Whooping Cough
(Polio (oral) vaccination
(B.C.G.

CREMATORIUM.

Report of the Crematorium Superintendent.

(1) *Cremations.*

The total number of cremations carried out was 237, an increase of 41 on 1965.

Of these 68 were Jersey born, 17 were visitors, and 130 (including 2 children) had resided in Jersey for several years. The remaining 22 died out of the Island (21 in Guernsey and 1 overseas). The 21 Guernsey residents were brought to Jersey for cremation as the Guernsey Crematorium was out of action at the time.

11 Roman Catholics were cremated and the priest is now attending the committal service at the Crematorium.

(2) *Disposition of the Ashes.*

Scattered in the Garden of Remembrance	144
Taken away by representatives for burial in family graves, or scattered in other parts of the Island	47
Taken away by representative for scattering at sea	5
Returned to Guernsey	20
Returned to England	21

(3) *Book of Remembrance.*

Entries in Book of Remembrance for 1966	84

Memorial Services.

Two services were held during the year—the first on Easter Sunday and the second on the Sunday preceding Christmas. Rev. F. A. Turner, Rector of St. Lawrence, conducted both services and the organ was played by Mr. Gordon Le Breton, Constable of St. Saviour.

The attendance for both services was 263.

The following table shows the upward trend in cremations since the Crematorium was opened in December, 1961.

Year	No. of Cremations	Percentage of Total Deaths
1961	11	1.3
1962	143	20.0
1963	175	20.6
1964	173	22.8
1965	196	24.4
1966	215	27.6

The 22 people who died out of the Island and were cremated in 1966 have not been included in the above table.

T. HAMON,
Crematorium Superindendent.

AMBULANCE SERVICE.

Report ot the Ambulance Officer.

At the beginning of 1966 the administration of the Ambulance Service was transferred from the St. John Ambulance Brigade to the Public Health Committee of the States of Jersey and this is, therefore, the first annual report to that Committee by the Ambulance Officer.

The Service worked well throughout the year and it was able to fulfil expeditiously most of the ever increasing calls made upon it. Very few complaints were received and all these were investigated. I would like to pay tribute to the hard work, patience and diligence shown by all members of my staff.

Early in the year pneumatic splints made of plastic material were tried out. Their worth was soon apparent and further sets were purchased. The ease of application of these splints and their comfort was appreciated by the patients and they also allowed the patient wearing such a splint to be taken to the X-ray Department of the Hospital, when necessary, without the need to remove the splint for the splints are transparent to X-rays.

A new scale of uniform was introduced during the year. This was much appreciated by the staff for it is surprising how soon clothing deteriorates when in daily use in work involving so much movement in and out of vehicles.

Also in 1966 two-tone horns were fitted to all ambulances. They proved far superior to the old bells in enabling drivers to get through traffic to answer emergency calls. The horns are operated by push-buttons and cannot be left to blare when not needed. Indeed, the drivers have always been most careful to use these loud and disturbing horns only when absolutely necessary.

In December Mr. H. Todd, one of our original members, retired after 20 years of good and faithful service. A presentation was made to Mr. Todd in the presence of all members of the staff and their families, and also of Senator Mrs. Huelin, the President of the Public Health Committee, and the Medical Officer of Health.

One incident produced some light relief. An ambulance was summoned to an accident in King Street and on approaching the scene there appeared, to the staff of the ambulance, bodies scattered all over the road. On closer observation they turned out to be tailor's dummies which had fallen into the street after a car had smashed a tailor's window, fortunately without serious injury to the driver of the car.

Finally, I would like to mention the close and very friendly co-operation which exists between this Service and the other essential services—Fire and Police—and I would like to take this opportunity of thanking the officers and members of the staff of those services for their help.

Ambulance Statistics.

	1965	1966
Patients conveyed	9,275	9,428
Mileage	55,940	56,039
Journeys	10,061	10,420
Classification of Cases.		
General	3,618	3,353
X-ray	355	369
Accident	1,115	1,134
Maternity	118	145
Special Treatment	3,648	3,956
Fever	8	14
Mortuary	157	157
Air	246	291
Sea	10	9

CLASSIFICATION OF ACCIDENTS.

	1965	1966
Involving motor cycles and motor scooters	82	85
Involving cars	180	209
In the home or at work	184	156
In the street or on the beaches	201	181
Collapses	296	293
Minor injury	138	170
Pedal cycles	34	40

July was the month with the highest number of accident patients treated (162) compared with (160) in August, 1965.

	1965	1966
Night calls (between 10 p.m.—7 a.m.)	553	601
Emergency calls	707	654
Conveyance of visitors	256	291

In addition to the above figures, 819 journeys were made by the Voluntary Hospital Car Service in transporting patients to hospital and returning them home after treatment—224 less than the previous year.

Transport was arranged with the Ambulance Services in England on 22 occasions as compared with 23 in 1965.

27 escorts were provided from the St. John Ambulance Brigade (Male and Nursing Divisions) 8 less than the previous year.

	1965	1966
Petrol consumed	3,436 galls.	3,347 galls.
Oil consumed	37 galls.	44½ galls.

E. BURBIDGE,
Ambulance Officer.